DALE E. BOEWE
CIM-MSF C&C V45728
P.O. BOX 600
CHINO, CA 91708

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF CALIFORNIA.

DALE E. BOEWE,
PLAINTIFF,

VS.

DR. HILL, ET. AL.,
DEFENDANTS.

CASE NUMBER:

'08 CV 0903 L PCL

COMPLAINT UNDER THE CIVIL RIGHTS ACT 42 U.S.C. § 1983.

A. Jurisdiction:
Jurisdiction is invoked pursuant to:

B. Parties:

1. Plaintiff: This Complaint alleges that the civil rights of plaintiff, Dale E. Boewe, who presently resides at the California Institution for Men in Chino, CA were violated by the actions of the below named individuals. The actions were directed against plaintiff at the California Institution for Men in Chino, CA and the California State Prison in Lancaster, CA on/about 5 JAN 07 and continuing.

2. Defendants:

2.1 Defendant Dr. Hill resides in San Bernardino County and is employed as a podiatrist at the California Institution for Men in Chino, CA. This defendant is sued in his individual and official capacity. This defendant was acting under color of state law when he intentionally disregarded and failed

To perform his sworn medical duties.

2.2 Defendant Dr. Alleyne resides in Los Angeles County and is employed as a medical doctor at the California State prison in Lancaster, CA. This defendant is sued in his/her individual and official capacity. This defendant was acting under color of state law when he/she intentionally disregarded and failed to perform his/her sworn medical duties.

2.3 Defendant resides in Los Angeles County and is employed as the custodian of medical records at the California State prison in Lancaster, CA. This defendant is sued in his/her individual and official capacity. This defendant was acting under color of state law when he/she intentionally allowed confidential medical records to be thrown away in the trash.

2.4 Defendant resides in San Bernardino County and is employed as the chief medical officer at the California Institution for Men in Chino, CA. This defendant is sued in his/her individual and official capacity. This defendant was acting under color of state law when he/she intentionally disregarded the fact a Podiatrist was not available at CIM-MSF.

2.5 Defendant resides in Los Angeles County and is employed as a receiving and release sgt at the California State prison in Lancaster, CA. This defendant is sued in his/her individual and official capacity. This defendant was acting under color of state law when he/she intentionally disregarded the medical needs of the plaintiff by throwing away plaintiff's medical supplies.

2.6 Defendant Sgt Sharp resides in San Bernardino County and is employed as a receiving and release sgt at the California Institution for Men in Chino, CA. This defendant is sued in his/her individual and official capacity. This defendant was acting under color of state law when he/she intentionally prevented medical equiptment from being

issued to the plaintiff.

2.7 Defendant Dr. Galihly (Ghaly)(Galhy) resides in San Bernardino County and is employed as a Podiatrist at the California Institution for Men in Chino, CA. This defendant is sued in his individual and official capacity. This defendant was acting under color of state law when he intentionally prevented plaintiff from receiving necessary medical care in violation of his sworn duties as a medical doctor.

2.8 Defendant J.V. Felix resides in San Bernardino County and is employed as a Correctional Counselor at the California Institution for Men in Chino, CA. This defendant is sued in her individual and official capacity. This defendant was acting under color of state law when she intentionally disregarded plaintiffs medical needs and concerns and falsified a document pertaining to the plaintiff.

2.9 Defendant B. LeMaster resides in San Bernardino County and is employed as the Appeals Coordinator at the California Institution for Men in Chino, CA. This defendant is sued in his/her individual and official capacity. This defendant was acting under color of state law when he/she exceeded his/her authority by rewritting over a doctors order and prevented plaintiff from filing administrative appeals.

2.10 Defendant C. Dale resides in San Bernardino County and is employed as the Trust Account officer at the California Institution for Men in Chino, CA. This defendant is sued in his/her individual and official capacity. This defendant was acting under color of state law when he/she intentionally took funds out of plaintiff's account and did not replace it once it was discovered such withdrawing of funds was not authorized.

2.11 Defendant Lt. Sams resides in San Bernardino County and is employed as a Correctional Lt. at the California Institution for Men in Chino, CA. This defendant is sued in his/her individual and official capacity. This

DEFENDANT WAS Acting Under Color OF STATE LAW WHEN He/She KNEW OF His/Her EMPLOYEES ILLEGAL Actions AND INTENTIONALLY disregarded THOSE Actions.

2.12 DEFENDANT CHARLES ANTONEN RESIDES IN COUNTY AND IS EMPLOYED AS AN deputy ATTORNEY GENERAL AT THE ATTORNEY GENERAL'S OFFICE IN , CA. THIS DEFENDANT IS SUED IN His INDIVIDUAL AND OFFICIAL CAPACITY. THIS DEFENDANT WAS Acting Under COLOR OF STATE LAW WHEN He KNEW plaintiff WAS being Treated ILLEGALLY AND INTENTIONALLY disregarded THOSE ILLEGAL Actions.

C. CAUSES OF Action.

THE FOLLOWING CIVIL RIGHTS HAVE been VioLated:

1. RIGHT TO MEDICAL CARE AND THE denial THEREOF.
2. RIGHT TO property AND THE denial THEREOF.
3. RIGHT TO ACCESS to the COURTS AND THE denial THEREOF.
4. RIGHT TO redress grievances AND THE denial THEREOF.
5. RIGHT TO DUE PROCESS OF LAW AND THE denial THEREOF.
6. FREEDOM FROM CRUEL AND UNUSUAL punishment.
7. RIGHT TO Freedom OF SPEECH AND THE denial THEREOF.

SUPPORTING FACTS:

ON OR ABOUT 8FEB08 I SEEN DR. HILL, A PODIATRIST. ON THIS day DR. HILL did NOTHING TO treat THE SERIOUS condition I WAS IN regarding MY FEET. I tried to explain TO DR. HILL THAT I just went THROUGH A YEAR OF intense THERAPY TO GET MY FEET WELL ENOUGH WHERE I COULD WALK ON THEM. THE THERAPY entailed Icing/Heat treatment, ELECTRONIC Shock Stimulation, NIGHT Splints, Cortizone Shots, FOOT MESSAGES, Whirlpool, Stretching EXERCISES AND Taping. THIS OUTSIDE THERAPY I WAS receiving prior to prison WAS A RESULT OF PLANTAR FACIATIS AND MAJOR damage TO THE INSTEP TENDONS OF both FEET WHICH CAUSES A COLLAPSING Arch. I WAS Trying To explain to DR. HILL THAT I REALLY NEEDED ORTHOTICS AND orthopedic Shoes. DR. HILL did NOTHING BUT SPOKE TO THE NURSES ON THIS day ABOUT HOW drunk HE HAD been. I Tried TO EXPLAIN TO DR. HILL THAT I HAD ALL OF MY VETERANS Dr. AND Hospital

records to show to him to prove what I was saying. Dr. Hill said it was against policy to look at outside records which is not true according to CDCR Administrative laws within the California Code of regulations Title 15 § 3354(c) and medical records staff have forms we can sign to put outside medical records into our prison files. Dr. Hill then stated it was impossible to get orthotics here at CIM-NSF or within the California prison system, this is not true either according to CCR Title 15 § 3358(a)(b)(c). I also have several witness statements that prove this is not true, that Dr. Hill lied intentionally. on 30 Jan 08 when I seen Dr. Hill, Dr. Hill had mentioned "lets get some X-rays done" I had to remind Dr. Hill that the X-rays were done a month prior, prior to this 30 Jan 08 visit with him. At this January visit I also expressed my desperate need for orthotics, I told him my outside doctors said I should not walk without orthotics and since I have been without my orthotics and orthopedic shoes I have been in extreme pain which includes burning feet, aching toes with sharp pain, stiffness, sharp pain in arch and ankle area, weak ankles, sharp pain running up the back of my legs, leg spasms, and clicking noise in ankles. All of this pain was a result of walking without orthotics and orthopedic shoes. My outside community doctor, Dr. Tam warned against this stating when I, or if I should walk, without orthotics or the correct shoes it will tear the tendons in my feet. More specifically I need to hold my arches in the proper place or else the tendon stretches and tears to a point of no return and would have to be cut out at that point. I initially began requesting the which needed orthotics and orthopedic shoes on 3 March 07 or thereabouts. Currently I can barely walk, I am on crutches and am in alot of pain. I have missed alot of meals and medication lines due to the pain. The chow hall and medication line are far away from the housing unit and even on the crutches the pain is unbearable. Although I did finally get the crutches it took 9 months to get them and walking on my feet without the orthotics or correct

SHOES HAS NOW RESULTED IN WHAT DR. TAM WARNED WOULD HAPPEN. DURING THIS PERIOD OF TIME WITHOUT THE orthotics, SHOES OR CRUTCHES I SLIPPED AND FELL SERIOUSLY injuring MY ANKLE AND BACK.

MY PRIMARY CARE PHYSICIAN HERE AT THE PRISON, A GENERAL PRACTITIONER NOT A podiatrist, SAID MY blood PRESSURE IS WAY UP DUE TO PAIN AND STRESS. I SHOULD OF HAD X-RAYS done ON MY FEET LONG AGO ACCORDING TO THIS PRIMARY CARE PHYSICIAN WHEN I did FINALLY receive THE X-RAYS THEY WERE SUPPOSED TO OF BEEN WEIGHT BEARING but were NOT, BESIDES DR. HILL THE podiatrist SAID he did NOT even LOOK AT THE X-RAYS ANYWAY AND MY PRIMARY CARE PHYSICIAN SAID HE WAS SHOCKED ABOUT THAT. THIS PRIMARY CARE PHYSICIAN SAID I SHOULD HAVE ORTHOTICS AND ORTHOPEDIC SHOES AND SAID HE COULD NOT believe I COULD NOT HAVE THEM AND SAID I WAS LIED to. HE SAID it does NOT LOOK LIKE I WOULD get WHAT I NEED from THE podiatrist HERE AT CJM-MSF. DR. Smith, THE PRIMARY CARE PHYSICIAN, WAS SHOCKED regarding THE Podiatrist. IT took 8 months to see A podiatrist [redacted] PARTLY BECAUSE ONE WAS NOT AVAILABLE for SOME MONTHS HERE AT CJM-MSF AND ON 14 Sept of DR. SMITH SAID HE COULD NOT believe I HAVE NOT YET BEEN CALLED TO THE FOOT SPECIALIST YET.

I WAS interviewed by MY PRIMARY CARE PHYCIAN regarding AN ADA APPEAL I SUBMITTED AGAINST THE podiatrist DR. HILL AND GALLEY (GHALY) (GALLEY), DR. HILL WROTE SAYING I did NOT WANT ORTHOTICS NOW. OF COURSE I did NOT SAY THIS AT ALL AND ONLY discovered THIS WHEN MY PRIMARY CARE PHYSICIAN NOTICED it within THE DR's NOTES he WROTE IN MY MED FILE. MY PRIMARY CARE PHYSICIAN WROTE I did NOT SAY THIS. DR. HILL DID FINALLY ADMIT THAT I NEED ORTHOTICS AND ORTHOPEDIC SHOES AND THAT I NEEDED THEM ALL ALONG but DR. HILL THEN STATED I DO NOT HAVE ENOUGH TIME LEFT IN PRISON TO GET THEM. AT THE TIME DR. HILL SAID THIS I STILL HAD ABOUT 3 MONTHS

LEFT in prison. I EXPLAINED to Dr. Hill THAT it ONLY TAKES A Couple of WEEKS AND Yet Dr. Hill WAS STILL UNWILLING TO ASSIST ME AND IN FACT intentionally refused to ASSIST ME AND ALLOWED ME TO Continue IN PAIN AND MY Feet ARE NOW DAMAGED AS A result OF Dr. Hill's refusal TO Assist ME AS A podiatrist. THE ONLY THING I received THAT Can be Considered SOME KIND OF MEDICAL CARE for MY feet WAS A 5 GALLON BUCKET to SOAK my Feet in.

WHILE I WAS HOUSED AT THE CALIFORNIA State PRISON IN LANCASTER, CA FROM APPROX MARCH 07 THRU MAY 07 I EXPLAINED TO MEDICAL STAFF THERE THAT I WAS IN EXTREME PAIN AND THAT I Needed. orthotics AND orthopedic Shoes, PRETTY MUCH THE SAME EXPLANATIONS AND requests I GAVE TO Dr. Hill AT CIM-NSF WERE GIVEN To THE doctor AND MEDICAL STAFF AT CSP/LAC. THE doctor AND MEDICAL STAFF AT CSP IN LANCASTER Told ME THEY HAD NO resources AND I WOULD HAVE TO WAIT UNTIL I WAS Transferred OUT OF THEIR PRISON to receive THE MEDICAL ASSISTANCE I NEEDED. I HAD NO CRUTCHES AT LANCASTER AND I did NOT HAVE A CANE Either. I did FALL AT CSP/LANCASTER WHICH CAUSED SERIOUS ENOUGH injuries THAT RESULTED IN ME LIMPING EVERYWHERE I WENT AT THAT PRISON. I brought THIS to THE ATTENTION OF THE doctor AND MEDICAL STAFF AT THE LANCASTER PRISON AND THEY replied by SAYING WAIT UNTIL I transfer OUT OF THEIR PRISON TO receive MEDICAL ASSISTANCE; THEREFORE, LANCASTER intentionally denied MEDICAL CARE OF ANY KIND. I SEEN A doctor AT LANCASTER AND ASKED HIM IF HE WAS GOING TO TAKE SOME X-RAYS DUE TO MY injuries FROM THE SLIP AND FALL. THIS doctor SAID NO. I EXPLAINED THAT MY FEET ARE KILLING ME AND I NEED ORTHO'S Etc, THIS doctor did order CRUTCHES, HE SAID HE did ANYWAYS BUT I NEVER did ACTUALLY GET THEM. AFTER ABOUT 3 MONTHS PASSED WITHOUT CRUTCHES THIS SAME doctor CALLED ME BACK INTO his clinic AND Told ME O.K. its time to turn IN MY Crutches, I replied THAT I NEVER did GET CRUTCHES Here doctor WHAT ARE YOU doing playing A JOKE ON ME? MY Feet were IN EXCRUCIATING PAIN. WHEN I WAS LEAVING ON THIS day FROM THIS doctors clinic A NURSE pulled ME to THE SIDE

AND SAID THAT THEY did NOT HAVE ANY MEDICAL Supplies AT CSP/LAC. THIS NURSE ALSO TOLD ME THAT THEY TOSS OUT ALOT OF PAPERS FROM THE MEDICAL FILES AT THE INSTRUCTION. of THE CUSTODIAN OF RECORDS

ON 21 NOV 07 I SEEN A NURSE HERE AT CIM-MSF IN CHINO, CA WHO SAID THERE IS NO podiatrist here ANY MORE. IT WAS EXPLAINED THAT THE CHIEF MEDICAL OFFICER IS responsible for REASSURING THE prison IS PROPERLY STAFFED with MEDICAL PERSONELL. THE CHIEF MEDICAL OFFICERS intentional disregard OF NO podiatrist being AVAILABLE AT CIM-MSF for prisoners to SEE CAUSED SERIOUS injury TO MY FEET EVEN THOUGH I did NOT receive ASSISTANCE FROM THE podiatrist ONCE I FINALLY did SEE ONE. THIS IS SO FOR TWO reasons, 1. THE FACT NO podiatrist WAS AVAILABLE AT ALL DELAYED ME FROM getting CRUTCHES EVEN LONGER AND THIS delay CAUSED injuries TO MY FEET AND diagnoses EXPLAINED ABOVE BECAUSE I WAS FORCED to WALK ON MY FEET; 2. WHEN A podiatrist WAS FINALLY ASSIGNED, THEIR protocals COME FROM THE CHIEF MEDICAL OFFICER AND EVEN THOUGH THE podiatrist HAS A duty to PROVIDE ME with THE CARE I NEEDED regardless, A FEAR OF LOOSING THEIR JOB IS A STRONG deterrent to NOT PROVIDE MEDICAL CARE. THE CHIEF MEDICAL OFFICER hires MEDICAL STAFF WHO WILL NOT SPEND THEIR MONEY for TREATMENT TO PRISONERS. DUE TO THESE conditions I HAD TO GO SEE A PYCHIATRIST ABOUT being depressed AND PANICKY DUE TO THE STRESS AND PAIN I WAS GOING THROUGH regarding MY feet. I ACTUALLY WAS feeling SUICIDAL AS WELL. THESE ISSUES WERE BROUGHT TO THE ATTENTION OF THE CHIEF MEDICAL OFFICER. MANY TIMES I WAS CALLED OVER FOR A DR.'S APPT. AT THE CIM-MSF clinic AND WAITED ALL DAY just to FIND OUT

THERE WAS NOT A doctor ON duty AT ALL THAT WHOLE day. AFTER WAITING ALL DAY LONG I WAS Sent BACK TO MY HOUSING UNIT AND WAS ACTUALLY TOLD THAT THERE WAS NOT A doctor ON duty AT ALL THAT day. SOMETHING THAT WAS KNOWN IN ADVANCE OF MAKING ME WAIT ALL day LONG. THE CHIEF MEDICAL OFFICER WAS AWARE THERE WAS NO doctor AVAILABLE for prisoners WHO WERE MADE TO WAIT ALL DAY LONG TO See NO ONE AND THE CHIEF MEDICAL OFFICE did NOTHING TO ASSIST or CORRECT THIS ILLEGALITY.

THE day I FIRST ARRIVED AT CSP in LANCASTER I HAD MY ORTHOTICS WITH ME FROM THE OUTSIDE PRIVATE doctor BECAUSE THE OUTSIDE MEDICAL DOCTOR HAD prescribed THEM THE COUNTY jail had ALLOWED ME to KEEP THEM SO I had THEM WHEN I ARRIVED AT THE STATE PRISON. THE CSP/LAC RECEIVING AND release SGT. TOOK THESE ORTHOTICS FROM ME AND THREW THEM IN THE TRASH right IN FRONT OF ME despite my pleas THAT I truly NEEDED THEM. THEY WERE AT LEAST Supposed to of given ME AN option to MAIL THEM HOME but THE SGT AT CSP/LAC R&R did NOT EVEN GIVE ME THAT option, He just THREW THEM IN THE TRASH. THESE ORTHOTICS were perfectly formed to my feet to prevent THE injuries I NOW describe IN THIS COMPLAINT. THESE ORTHOTICS Cost ME $450.00. THE CSP/LAC R&R SGT intentionally disregarded ALL OF THIS AND THREW MY $450.00

ORTHOTICS INTO THE TRASH.

MY PRIMARY CARE PHYSICIAN FINALLY HAD to PERFORM THE duties THE podiatrist WAS SUPPOSED to PERFORM, WELL, MY PCP did NOT HAVE TO PERFORM THIS duty BUT HE did, THIS duty WAS WRITTING ME A "CHRONO" STATING I COULD HAVE ORTHOTICS AND ORTHOPEDIC SHOES Sent IN FROM THE OUTSIDE AT MY OWN EXPENSE. IT CAME down TO THIS, I HAD TO obtain MY OWN MEDICAL CARE AT MY OWN EXPENSE - WHICH WAS FINE I WAS MORE THAN HAPPY TO do THIS DUE TO THE PAIN AND THE FACT MY FEET WERE being injured A Little More EACH day WITHOUT THE orthotics. UNFORTUNATELY WHEN THE ORTHOTICS AND SHOES ARRIVED AT THE PRISON SGT SHARP THE CIM-MSF receiving AND release SGT SENT THEM BACK TO THE OUTSIDE PERSON WHO WAS SENDING THEM to ME. I HAD A DR.'S ORDER FOR ME TO HAVE THEM AND SGT. SHARP intentionally disregarded THAT DR.'S ORDER AND SENT MY NEEDED MEDICAL SUPPLIES BACK TO THE SENDER. THIS HAPPENED TWO TIMES AND I HAD THEM Sent BACK IN A THIRD TIME AND I did NOT RECEIVE THEM NOR WAS I given NOTIFICATION THAT THEY WERE RECEIVED AND Sent BACK AS THE FIRST TWO TIMES. THE SENDER HAS NOT RECEIVED THEM BACK either. I did RECEIVE AN 8½ x 11 padded ENVELOPE THAT CAME TO ME IN MY HOUSING Unit given to ME by MY HOUSING Unit OFFICER, THERE WERE NO

ORTHOTICS IN THIS ENVELOPE AND THERE CERTAINLY WERE NO SHOES IN THIS ENVELOPE. I CALLED THE SENDER AND SHE SAID THIS ENVELOPE I RECEIVED WAS THE ENVELOPE USED TO SEND THE ORTHOTICS INTO ME THE THIRD TIME. I WROTE TO THE MAILROOM AND R;R EXPLAINING THIS AND THEY did NOT RESPOND. THE HOUSING UNIT OFFICER SIGNED THE ENVELOPE FOR ME STATING NO ORTHOTICS WERE ENCLOSED. SOMEONE DID WRITE ON ONE OF THE "CHRONO'S" "ATTN: SGT SHARP, DO NOT GIVE OUT." SGT. SHARP INTENTIONALLY OBSTRUCTED MEDICAL CARE I NEEDED WHICH HAS NOW CAUSED PERMANENT DAMAGE AND INJURY TO MY FEET.

PREVIOUS TO DR. HILL I SEEN ANOTHER PODIATRIST, A DR. GALHLY (GIHALY)(GALHY). ON 14OCT 07 WHEN I SEEN GALHLY I ASKED GALHLY ABOUT THERAPY. HE STATED THAT THEY DO NOT HAVE THE FUNDS OR FACILITY FOR THERAPY. GALHLY, A PODIATRIST SAID "I can't do ANYTHING FOR YOU. OF COURSE, AFTERWARDS I did HAPPEN TO WALK BY A ROOM WHERE PEOPLE WERE RECEIVING PHYSICAL THERAPY FOR VARIOUS PHYSICAL MEDICAL CONCERNS. I ASKED GALHLY FOR A WHEELCHAIR. GALHLY SAID THOSE GO TO THE ONES THAT NEED IT THE MOST, WE HAVE GUYS WITH NO LEGS WHO ARE WAITING FOR WHEELCHAIRS." I EXPLAINED ABOUT THE PAIN ETC; TO GALHLY AND TALKED TO HIM ABOUT THE OUTSIDE

VETERANS HOSPITAL MEDICAL RECORDS, GALLY WOULD NOT LOOK AT THESE RECORDS, WOULD NOT ORDER X-RAYS, denied my REQUESTS FOR MRI'S AND SAID CDCR DOES NOT MAKE OR PROVIDE ORTHOTICS. AS STATED previously regarding DR. HILL, WE KNOW THAT THIS IS A LIE. GALLY SAID after LOOKING AT MY FEET THAT I SHOULD HAVE ORTHOTICS BUT HE, A podiATTIST, COULD NOT GIVE THEM TO ME- HE SAID "NO ORTHOTICS FOR PRISONERS." I COMPLAINED TO GALLY ABOUT THE PAIN I WAS IN AND THE FACT MY FEET ARE being INJURED OR THE INJURIES TO MY FEET ARE increasing EACH DAY IM FORCED TO WALK ON THEM WITHOUT MY ORTHOTICS AND SHOES. GALLY INTENTIONALLY disregarded THESE COMPLAINTS AND BECAUSE OF GALLY'S INTENTIONAL REFUSAL TO ASSIST ME WITH MEDICAL CARE MY FEET HAVE BEEN PERMANENTLY INJURED.

ON OR ABOUT 25 APRIL 08 I SEEN CORRECTIONAL COUNSELOR J. Y. FELIX regarding AN Administrative APPEAL I FILED due TO INACCURICIES AND OMMISSIONS IN A DOCUMENT, CDC 1289, WHICH IS SOMEWHAT OF A MINUTE ORDER regarding THE CLASSIFICATION COMMITTEE HEARING OF 2 APRIL 08. AT THIS CLASSIFICATION HEARING I EXPLAINED I WAS IN POOR HEALTH AND EXTREME PAIN due TO MY feet CONDITIONS diagnosed AS PLANTAR FACIATIS. THE initial CDC 1289 STATED I SAID THAT MY HEALTH WAS good.

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I did NOT SAY THIS AT ALL. A doctor WAS PRESENT AT THIS COMMITTEE HEARING WHICH IS WHY THE QUESTION WAS ASKED AND I WANTED TO MAKE SURE THIS COMMITTEE KNEW I NEEDED MEDICAL CARE; THEREFORE, THEY VIOLATED THEIR OWN regulations by writting SOMETHING CONTRARY to WHAT WAS SAID. I WAS ASSIGNED TO THE Kitchen WHERE I WOULD HAVE TO STAND ALL DAY, THE COMMITTEE KNEW ABOUT MY CONDITION, THAT I AM IN THE AMERICANS With disabilities Act program AND THAT I WAS ON CRUTCHES. THE COMMITTEE DECIDED TO ASSIGN ME TO A POSITION THAT WOULD CAUSE FURTHER injuries TO MY FEET AND THEREFORE, MY Counselor J.Y. FELIX intentionally disregarded my medical condition AND falsified A DOCUMENT. THIS COMMITTEE PUT ME ON FULL DUTY STATUS EVEN THOUGH THEY KNEW I WAS disabled ON CRUTCHES. A SECOND 128G WAS Produced FOR THIS SAME 2 April 08 CLASSIFICATION COMMITTEE Hearing, it WAS Modified TO State MY HEALTH WAS POOR, MY Feet hurt AND I AM ON CRUTCHES, Yet J.Y. FELIX Still Kept ME ON FULL DUTY AND THE Kitchen Sandwich Crew WHERE You ARE

required to stand for hours and bag sack lunches. A medical chrono that was produced prior to this 2 April 08 classification committee hearing that was in my C-file on the day of this hearing shows I need to be restricted to a sitting type of job. This "chrono" was disregarded by the committee. My several inmate request forms submitted to the committee were never addressed or answered regarding these issues. Because J.Y. Felix disregarded my medical conditions and I was forced to try and perform in a job assignment the doctor said I should not be assigned to, permanent injury to my feet has occurred.

The Appeals Coordinator has rejected several appeals filed by plaintiff, or administrative appeals plaintiff has tried to file. Plaintiff will explain each appeal as follows:

1. Appeal log number CIM M 07 1378 issue was a request for medical care as described in this Complaint. This appeal was suspended in order to verify that I have a disability in accordance with

1. THE ARMSTRONG REMEDIAL PLAN SECTION I.23.C, ACCORDING TO C. COLLIER MEDICAL APPEALS ANALYST. THE INMATE CDC1824 APPEAL NOTICE OF SUSPEND STATUS DATED 9-19-07 STATED THE APPEALS COORDINATOR WILL NOTIFY ME OF THE NEW DUE DATE FOR THE APPEAL, I NEVER RECEIVED THIS NOTIFICATION AND THE APPEAL WAS NOT SENT BACK TO ME UNTIL 28 APRIL 08. I NEVER RECEIVED OFFICIAL VERIFICATION THAT I HAVE A DISABILITY EITHER AS THE NOTICE SAID I WOULD RECEIVE. THIS APPEAL WAS RESUBMITTED TO THE APPEALS COORDINATOR FOR A SECOND LEVEL OF REVIEW.

2. THESE ARE THREE APPEALS THAT I SUBMITTED BUT NEVER RECEIVED ANY KIND OF RESPONSES OR NOTICES TO THEM. THE APPEALS COORDINATOR REFUSED TO ACKNOWLEDGE THESE APPEALS.

3. THIS APPEAL WAS REJECTED AS BEING A DUPLICATE TO APPEAL LOG NUMBER CTF M 07

3. 01378. UNFORTUNATELY I did NOT GET CIM M 07 01378 BACK for 6 MONTHS AFTER THE ASSOCIATE WARDEN SIGNED IT WHICH VIOLATES CCR Title 15 AT 3085, it does indicate ON THE CDC FORM 1824 THAT A decision will be rendered within 15 working days OF receipt AT THE APPEALS COORDINATORS OFFICE, NOT 6 MONTHS. CIM M07 01378 WAS suspended pending verification of A disability BUT I Never received Notification of WHEN THAT SUSPENSION would be lifted AND THE APPEAL WAS Not Submitted BACK TO ME Until 28 APRIL 08; THEREFORE, I FEEL I HAD A right to Continue With AN APPEAL SINCE I did Not receive MEDICAL CARE for WHAT I WAS requesting IN MY initial 01378 APPEAL AND did NOT receive THAT APPEAL BACK. THE DATE ON THIS "duplicate" APPEAL IS 10 OCT 07, 36 days AFTER THE 01378 APPEAL.

4. TWO APPEALS THAT WERE NOT Addressed. I did Not receive Any KIND of NOTICES regarding THESE APPEALS.

5. A rejected APPEAL AGAIN With A REASONING it WAS A duplicate APPEAL.

6. AN APPEAL THAT WAS Submitted THAT I NEVER

RECEIVED A RESPONSE TO.

7. (2) APPEALS THAT WERE rejected, THEY STATE THAT THEY ARE DUPLICATE APPEALS.

8. (11) APPEALS THAT WERE SUBMITTED THAT I NEVER RECEIVED A RESPONSE OR NOTICE TO.

9. (2) APPEALS - 1 WHICH REGARDS THE SAME ISSUES ABOUT MY REQUESTS FOR MEDICAL CARE I NEEDED, THEY DID NOT REJECT IT AS DUPLICATE THIS TIME BUT THEY TOLD ME TO GET AN INFORMAL RESPONSE FROM A COUNSELOR OR SGT OR LT. THESE PEOPLE WOULD HAVE NO IDEA ON HOW TO GIVE ME AN INFORMAL RESPONSE DUE TO THE FACT THEY ARE NOT MEDICAL PERSONELL. THE OTHER ONE WAS REJECTED AS A DUPLICATE.

10. (2) APPEALS THAT WERE SUBMITTED THAT I NEVER RECEIVED A RESPONSE TO.

11. APPEAL WHERE A RESPONSE WAS GIVEN SHOWING A NEED FOR MEDICAL CARE FOR THE CONDITIONS I'VE EXPRESSED. UNFORTUNATELY, PODIATRY DISREGARDED MY PRIMARY CARE PHYSICIANS OBSERVATIONS.

12. AN APPEAL I SUBMITTED THAT I NEVER RECEIVED A RESPONSE TO.

13. AN APPEAL THAT WAS REJECTED SAYING IT WAS A DUPLICATE APPEAL.

14. AN APPEAL WHERE A doctor granted THE APPEAL THEN someone OVERWROTE WHAT A doctor wrote AND denied THE APPEAL WHICH IS illegal. THE ONLY ONE WHO CAN TAKE AWAY A doctors order IS THE doctor or CHIEF MEDICAL doctor. IT looks LIKE "AC" APPEALS COORDINATOR WHO IS A CORRECTIONAL COUNSELOR crossed OUT A doctors order WHICH he or she does NOT HAVE THE Authority to do.

15. AN APPEAL THEY SAID WAS A duplicate AGAIN.

16. AN APPEAL regarding WHAT IVE explained ON p. 12 - 14 ABOUT DEFENDANT FELIX.

17. (5) APPEALS I Submitted THAT I NEVER received A reply to.

AS STATED IN THE APPEAL NUMBERED #9 ABOVE I did try to get AN INFORMAL response FROM LT. SIMMS by Submitting AN INMATE REQUEST. LT. SIMMS INTENTIONALLY disregarded THIS request, NO reply WAS given. I EXPLAINED IN PART THAT R&R, receiving AND release, OR THE MAILROOM KEPT ON Sending MY MEDICAL equipment BACK to the PARTY SENDING THEM IN EVEN THOUGH I HAD A doctors order SAYING I COULD HAVE THEM SENT IN. THIS WOULD be A Custody ISSUE THAT A CORRECTIONAL LT. COULD RESOLVE. ITS MEDICAL ORTHOTICS yes, but THE Correctional OFFICERS RUN R&R, SO WHEN THEY AND/OR THE MAILROOM KEPT ON SENDING MY orthotics BACK SOMEONE HIGH ENOUGH IN THE Correctional Custody STAFF NEEDED to MAKE Sure THEY STOP Sending MY orthotics

back since I had approval to receive them, A Lt. is such a person. When Lt. Sams intentionally disregarded my request he denied me much needed medical care. Since Lt. Sams disregarded this issue, I did not receive my needed medical orthotics and now my feet are permanently injured as a result of this disregard.

The prison Trust Accounting officer is taking my funds out of my Trust account. This defendant C. Dale is taking my funds for restitution. Ive already paid all of my restitution and showed the Trust Accounting officer proof that Ive paid all of my restitution and C. Dale continued to take my funds. I filed an appeal which was rejected saying I needed to obtain an informal level response. I filed another one and obtained an informal level response and then refiled to get a formal level response and the Appeals Coordinator Rejected the appeal saying I wrote inappropriate comments. I Admit I was frustrated, I mean They are taking my money illegally and I brought it to their attention I paid all my restitution already and they continued to take my money. I also wrote some comments on the trust account printouts, hopefully this Honorable Court will not judge me to harshly regarding that. Im sending everything as an exhibit as it was sent back to me without altering the documents. The Trust Accounting officer is violating

My Constitutional right to be in possession or secured in my property. They are taking my property from me illegally and they should not be allowed to do this.

Regarding the appeals mentioned above numbers 1 - 17, the Appeals Coordinator defendant 2.9 violated my First Amendment rights to redress grievances. He had a duty to inform me of due dates of Administrative Appeals his or her office assigns to the correct departments, in this case the Medical dept., and he or she did not perform that duty; therefore, my right to file an additional appeal was exercised and the Appeals Coordinator continuously rejected my appeals and/or would not send back any notices or responses to many of the appeals I submitted in the institutional mail. Plaintiff expresses it is obvious his First Amendment rights were violated.

Plaintiff is being denied medical care, the defendants are intentionally denying plaintiff this much needed medical care. The defendants are deliberately indifferent to plaintiffs medical needs and now plaintiff suffers permanent injury. Defendants intentionally threw plaintiffs property (needed orthotics) into the trash. Documents were produced by the defendants that are false, medical documents were taken out of plaintiffs confidential medical records and thrown into the trash. Defendants are stealing plaintiffs money. The Attorney General

due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment, etc.)

Supporting Facts: [Include all facts you consider important to Count 3. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, *by name*, did to violate the right alleged in Count 3.]

WAS Notified OF THESE ISSUES by THE PRISON LAW OFFICE AND intentionally disregarded PLAINTIFF'S NEEDS AND THE PRISON OFFICIALS ILLEGAL PRACTICES.

D. Previous Lawsuits and Administrative Relief

1. Have you filed other lawsuits in state or federal courts dealing with the same or similar facts involved in this case? ☐ Yes ☑ No.

If your answer is "Yes", describe each suit in the space below. [If more than one, attach additional pages providing the same information as below.]

(a) Parties to the previous lawsuit:
Plaintiffs: _____

Defendants: _____

(b) Name of the court and docket number: _____

_____.

(c) Disposition: [For example, was the case dismissed, appealed, or still pending?] _____

_____.

(d) Issues raised:

_____

_____

_____

_____.

(e) Approximate date case was filed: _____.

(f) Approximate date of disposition: _____.

2. Have you previously sought and exhausted all forms of informal or formal relief from the proper administrative officials regarding the acts alleged in Part C above? [E.g., CDC Inmate/Parolee Appeal Form 602, etc.] ? ☑ Yes ☑ No.

If your answer is "Yes", briefly describe how relief was sought and the results. If your answer is "No", briefly explain why administrative relief was not sought.

See exhibits, AS WELL AS p. 14-18 OF THE CLAIM or Complaint.

E. Request for Relief

Plaintiff requests that this Court grant the following relief:

1. An injunction preventing defendant(s):
To prevent the defendants from denying medical care.
To prevent defendants from throwing away property.
To prevent defendants from taking funds illegally.
To prevent defendants from throwing away medical records.
2. Damages in the sum of $ 21,100
3. Punitive damages in the sum of $ 63,300
4. Other: Any relief this Court sees as being just and equitable.

F. Demand for Jury Trial

Plaintiff demands a trial by ☐ Jury ☑ Court. (Choose one.)

G. Consent to Magistrate Judge Jurisdiction

In order to insure the just, speedy and inexpensive determination of Section 1983 Prisoner cases filed in this district, the Court has adopted a case assignment involving direct assignment of these cases to magistrate judges to conduct all proceedings including jury or bench trial and the entry of final judgment on consent of all the parties under 28 U.S.C. § 636(c), thus waiving the right to proceed before a district judge. The parties are free to withhold consent without adverse substantive consequences.

The Court encourages parties to utilize this efficient and expeditious program for case resolution due to the trial judge quality of the magistrate judges and to maximize access to the court system in a district where the criminal case loads severely limits the availability of the district judges for trial of civil cases. Consent to a magistrate judge will likely result in an earlier trial date. If you request that a district judge be designated to decide dispositive motions and try your case, a magistrate judge will nevertheless hear and decide all non-dispositive motions and will hear and issue a recommendation to the district judge as to all dispositive motions.

You may consent to have a magistrate judge conduct any and all further proceedings in this case, including trial, and the entry of final judgment by indicating your consent below.

Choose only one of the following:

☑ Plaintiff consents to magistrate judge jurisdiction as set forth above.

OR

☐ Plaintiff requests that a district judge be designated to decide dispositive matters and trial in this case.

I declare under the penalty of perjury that the foregoing is true and correct.

15 May 08
Date

Signature of Plaintiff

Exhibit A

Documents pertaining to defendant's 2.1 and 2.7

Check if Appropriate
M/R _____
CC/F_____

17

OUT PATIENT DEPARTMENT MEMO /OP-1

From:

D/N	E/R	RCC	CIM-E	RCW	HOSP	FRNT CLNC	ELM HALL
Clnc	Dntl	Lab	Rcds	Phrm	Surg	Xray	C/O

To:

Clnc	Dntl	Lab	Rcds	Phrm	Surg	Xray	

Noted

Name: Bueno, Dale

Number: V45728

Housing Unit: _____
(or Sending Institution)

Date: 4/16/08

Crono:
Please permit use
of 5 gallon bucket
Re- soaking Feet each
night x 90 days

CIM M 0001

Physician/ Supervisor's Signature

URGENT — NINTH LEY MIV

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE	TO	FROM (LAST NAME)	CDC NUMBER
MAR-7-08	MAILROOM R+R-	BOEWE DALE	V45728

HOUSING	BED NUMBER	WORK ASSIGNMENT	JOB NUMBER
MAGNOLIA	127 LOW	NONE / EATING - MEDICAL	FROM TO

OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)	ASSIGNMENT HOURS
SURVIVEING - TO MAKE IT OUT OF THIS PLACE STILL WALKING	FROM TO

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

IVE BEEN TRYING TO GET ORTHODICS FOR OVER 6 MONTHS HERE, DR D. GALHY LIED TO ME, SAID THEY DONT MAKE THEM AT (IN PRISON). NOW THE NEW PODIATRISTS SAYS THEY DUE". I TOLD HIM IM DESPERATE! CAN I SEND HIM MY MEDICAL RECORDS FROM VETERANS HOSPITAL, MY PERSONAL OUTSIDE PODIATRISTS (HE SAID THEY DO NOT CONSIDER OR LOOK AT OUTSIDE RECORDS, SO DR. GALHY LIED TO AGAIN. A MAJOR PAIN AND PHYSICAL EXPENS.

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY YES - PRISON LAW OFFICE! AT LIBRARY — DATE MAR-14-

DISPOSITION

CDC-128-C

NAME: BOEWE, DALE CDC#:V-45728 BED#: MIMH 127L

17

MEDICAL CHRONO

PLEASE permit Inmate the use of a 5 gallon bucket for soaking feet each night for 90 days due to Medical Reasons.
Chrono expires: 07/16/08.

D.O.
CIM FRONT MEDICAL CLINIC
J. SMITH, D.O.

Orig: Central file
cc: Medical File
housing Unit
inmate

DATE:04/16/08-MEDICAL CHRONO-MEDICAL-PSYCHIATRIC-DENTAL JS/dm
DT: 04/28/08

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

8123288

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE DOSSE	V45728	KEDW000 113Low

PATIENT SIGNATURE: DALE D

DATE: OCT-18-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) SAW THE PODIATRIST'S ON 10-17-07, HE INFORMED ME THAT I COULD NOT HAVE MY "DOCTOR ORDERED" ORTHODICS OR SPLINTS IN CALIFORNIA STATE PRISON. BUT I PERSONALLY KNOW AN INMATE WHO HAD THEM MADE FOR HIM IN PRISON 3 MONTHS AGO. THERE IS NOT TO STOP PAIN AND FURTHER DAMAGE. SO TOLD ME TO GET WITH THE DOCTOR TO GET PRESCRIPTIONS OR, PAIN MEDICATION. I NEED TO SEE DR. SMITH

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE BOWE	V45728	RED WOOD 113 Low

PATIENT SIGNATURE: Dale B

DATE: OCT-18-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) SAW THE PODIATRISTS ON 10-17-07, HE INFORMED ME THAT I COULD NOT HAVE MY "DOCTOR ORDERED" ORTHODICS OR SPLINTS IN CALIFORNIA STATE PRISON! BUT I PERSONALLY KNOW AN INMATE WHO HAD THEM MADE FOR HIM IN PRISON 3 MONTHS AGO. THERE A MUST TO STOP PAIN AND FURTHER DAMAGE! SO HE TOLD ME TO GET WITH THE DOCTOR TO GET PRESCRIPTIONS OR PAIN MEDICATION. I NEED TO SEE DR. SMITH!

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received:	Received by:
Date / Time Reviewed by RN:	Reviewed by:

S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

O: T: P: R: BP: WEIGHT:

A:

P:

☐ **See Nursing Encounter Form**

E:

APPOINTMENT SCHEDULED AS:	EMERGENCY (IMMEDIATELY) ☐	URGENT (WITHIN 24 HOURS) ☐	ROUTINE (WITHIN 14 CALENDAR DAYS) ☐

REFERRED TO PCP:	DATE OF APPOINTMENT:
COMPLETED BY	NAME OF INSTITUTION

PRINT / STAMP NAME	SIGNATURE / TITLE	DATE/TIME COMPLETED

(47)

DATE	TIME	
		Ultram 50 mg
		one - 2x/Day
		For pain
		THIS IS A MEDICATION THAT DOCTOR SMITH SAID I SHOULD
		BE TAKING, HE WROTE IT DOWN FOR ME, DOCTOR SMITH ALSO
		WROTE OUT 3 CHRONOS, SO I WILL STOP USING MY FEET
		AS MUCH AS POSSIBLE! HE "DR SMITH" CAN NOT BELIEVE
		THAT AFTER WE BOTH WAITED 2 1/2 MONTHS, SO I COULD
		SEE THE PODIATRIST! THAT I WAS TOLD, NO ORTHOTICS,
		NO THERAPY, HE WAS SHOCKED TO SEE THAT WHAT THE
		DOCTOR PRESCRIBED WAS "VITAMINS"! DR SMITH COULD
		NOT BELIEVE HE DIDN'T TAKE "X-RAYS!" HE ACTUALLY SAID
		HE FELT SORRY FOR ME, HE TOLD ME, THAT HE KNOWS
		I'm HURTING, CAN BE DOING DAMAGE, THEN DOCTOR SMITH
		ASKED ME IF I HAD ANYONE AT HOME I COULD CONTACT
		TRY AND BRING OUTSIDE HELP IN; I INFORMED HIM
		I'VE TRIED! HE WROTE ME A CHRONO TO TRY AND GET
		OUTSIDE HELP!" BY THE WAY - HE SAID THE PRISON SYSTEM
		DOES MAKE AND SUPPLY ORTHOTICS, HE CAN'T UNDERSTAND
		WHY THE PODIATRIST'S LIED TO ME!
		I will TRY TO GET OUTSIDE HELP AGAIN!
		HE SAID THAT IT'S RIDICULOUS THAT THE CJS MEDICAL SYSTEM

INSTITUTION	PHYSICIAN	ROOM NO.	CDC NUMBER, NAME (LAST, FIRST, MI)
			WON'T LET ME HAVE THE MEDICAL NEEDS, I'm IN NEED OF!

10-24-07

PHYSICIAN'S PROGRESS NOTES

CDC 7230 (7/90)
STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS

Exhibit B

Documents pertaining to Defendant 2.3

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE	TO	FROM (LAST NAME)	CDC NUMBER
APR 27-8	MEDICAL / RECORDS	BOSWE	V45728

HOUSING	BED NUMBER	WORK ASSIGNMENT	JOB NUMBER FROM	TO
MA6-HALL	127 LOW	MEDICAL HOLD		

OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)
N/A

ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

COULD YOU SEND COUNSLER JY FELIX MY MEDICAL INFO, LET HER KNOW THAT IM INCAPABLE OF STANDING NOW BECAUSE MY ORTHODICS WHERE TAKEN AWAY! JY FELIX-CAPT PETERS-GOGO CHAIR PERSON-ARE VERY MAD AT ME FOR CATCHING THEM IN A LIE "A FEW LIES" IM NERVOUS

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY

DATE

DISPOSITION

THESE AREN'T BY FAR THE FIRST LIES, IVE CAUGHT DRS, STAFF ECT. AN WHAT SCARES THEM ALL-IM PROVING IT-IM SCARED IM PERM CRIPPLED DO TO INCOMPETENCE

57

3 Copy 1-of-2

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE	TO	FROM (LAST NAME)	CDC NUMBER
Dec-9th 07	MAILROOM R+R	BOEWE DALE	V45728

HOUSING	BED NUMBER	WORK ASSIGNMENT	JOB NUMBER FROM — TO —
MAGNOLIA	127L	NONE	ASSIGNMENT HOURS FROM — TO —

OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)
N/A

Clearly state your reason for requesting this interview.
You will be called in for interview in the near future if the matter cannot be handled by correspondence.

CAN MY MEDICAL RECORDS BE SENT TO THE cir DOCTOR, OR PODIATRIST FROM THE OUTSIDE!

THANK-YOU

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY

DATE

DISPOSITION

NOT GETTING RESPONSE FROM OTHERS "SENT" "3RD SENT"

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE	TO	FROM (LAST NAME)	CDC NUMBER
Dec 9th.	Mail Room R & R	Bowe Dale	V45728

HOUSING	BED NUMBER	WORK ASSIGNMENT	JOB NUMBER FROM — TO —
Magnolia	127L	NUNC	ASSIGNMENT HOURS FROM — TO —

OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)

N/A

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

Can my medical records be sent to the CIM Doctor, or Podiatrist from the outside!

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY "WHAT" No Response DATE

DISPOSITION At least you did not lie to me!

Sending another Dec-12th-07 Dale

Exhibit C

Defendant 2.4 documents.

4

NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION TO PHARMACY AFTER EACH ORDER IS SIGNED.

Order Date	Time	Problem #	Physician's Order and Medication (Orders must be dated, timed, and signed.)
9-20-07	1:50	Noted [illegible] 9/20/07	D/C Depakote [illegible] Benadryl [illegible]
			[illegible] 2 [illegible] [illegible]
			[illegible] 2 [illegible]
			[signature]
			change cane to crutches → given to inmate
	10/4/07 0930		x 60 days
			(chrono for crutches x60 days)
			÷ ace wrap 4" for ankle
90 days			tylenol 500mg → given to inmate
	X		÷ Q10 prn
	10/4/07 noted [illegible]		foot pain
			[signature]
		0930	F/U 30 days

ALLERGIES:	INSTITUTION	ROOM/WING
NKA	CIM	MSF RH 1132

Confidential
client information
See W & I Code, Sections 4514 and 5328

CDC NUMBER, NAME (LAST, FIRST, MI)

BOEWE, D.
V 45728
DOB: 6/16/59

PHYSICIAN'S ORDERS

CDC 7221 (2/00)
STATE OF CALIFORNIA OSP 05 93459 DEPARTMENT OF CORRECTIONS

8193UU63

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
\ ... DOEWE	V45728	KEAWOOD 115 LOW

PATIENT SIGNATURE	DATE
(signature)	NOV-8-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES (Describe Your Health Problem And How Long You Have Had The Problem) I NEED TO SEE THE DOCTOR, WAITED ALL DAY YESTERDAY, AND WAS NOT CALLED, ALONG WITH ABOUT TEN OTHER PEOPLE (INMATES) ON NOV-7-07, NEED TO SHOW WHAT THE PODIATRIST SAID! DR DALHLY CHANGED HIS STORY AFTER HE FOUND OUT IM PURSUING MY QUEST FOR PROPER HELP! THE APPELLATE COURT CALLED HIM ATTORNEY GENERAL CHANGED STORY

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)

[redacted]

8137393

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

(4)

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE DOEWE	V45725	RJDAVIS 113 Low

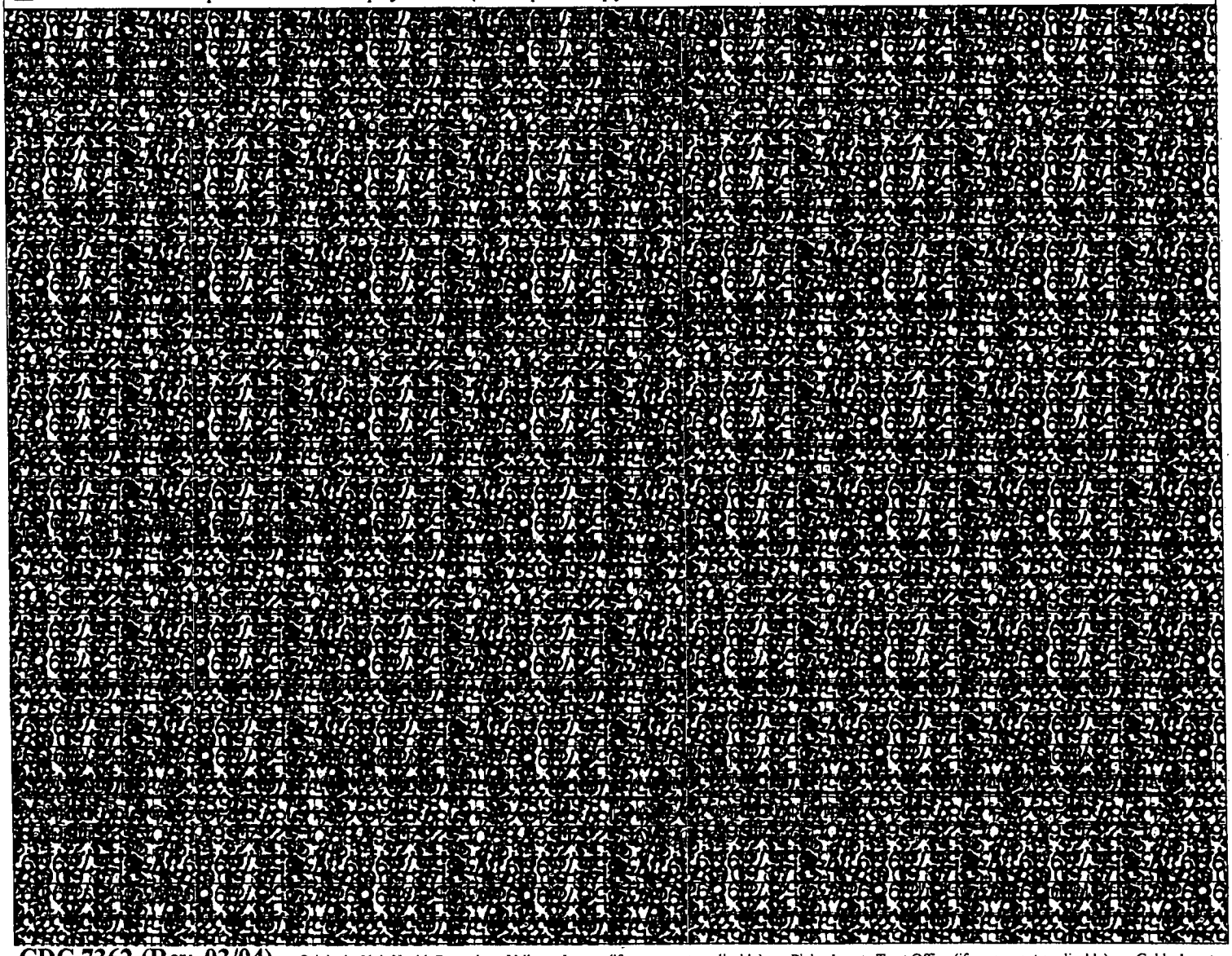
PATIENT SIGNATURE [signature] DATE Nov-28-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I WAS TOLD THE PODIATRIST WOULD BE DOWN FOR A COUPLE OF MONTHS! IS IT BECAUSE I REPORTED TO THE ATTORNEY GENERAL HE LIED ABOUT GETTING ME MY ORTHOTICS, THAT I DESPERATLY NEED! I'M NOT HAVE A WITNESS "INMATE" WHO HAD A PR. D. ORTHOTICS BACK FOR HIM IN PRISON - ALSO SHOE INSERTS, MEDICAL AIDS I GUESS DENIED!!!

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM THERES NOT A DATE UP PODIATRIST. COME ON.

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)



CDC 7362 (Rev. 03/04) Original - Unit Health Record Yellow - Inmate (if copayment applicable) Pink - Inmate Trust Office (if copayment applicable) Gold - Inmate

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

767532
DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
YALE BOEWE	V45728	MAGNOLIA HALL 122

PATIENT SIGNATURE: YBoe

DATE: Dec -10 -08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

I WAS AT THE CLINIC AT 10 30 AM - 45 MIN, AFTER OF MY DENTAL APP-
OINT. GO MY DOCTET - STAY THERE ALL DAY AND WAS NEVER CALLED!
(FOR DENTAL) GO TOLD ME I WOULD BE RE DOCTED! TIK ONLY
TIME I GET WAS TO GO TO BATHROOM (NO BATHROOM TIKES) NEED PAIN FU
TO 6TH PUNO

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)

...ENT OF CORRECTIONS

...QUEST FORM

...PLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE [illegible]	V45728 4	KERNOOD 113

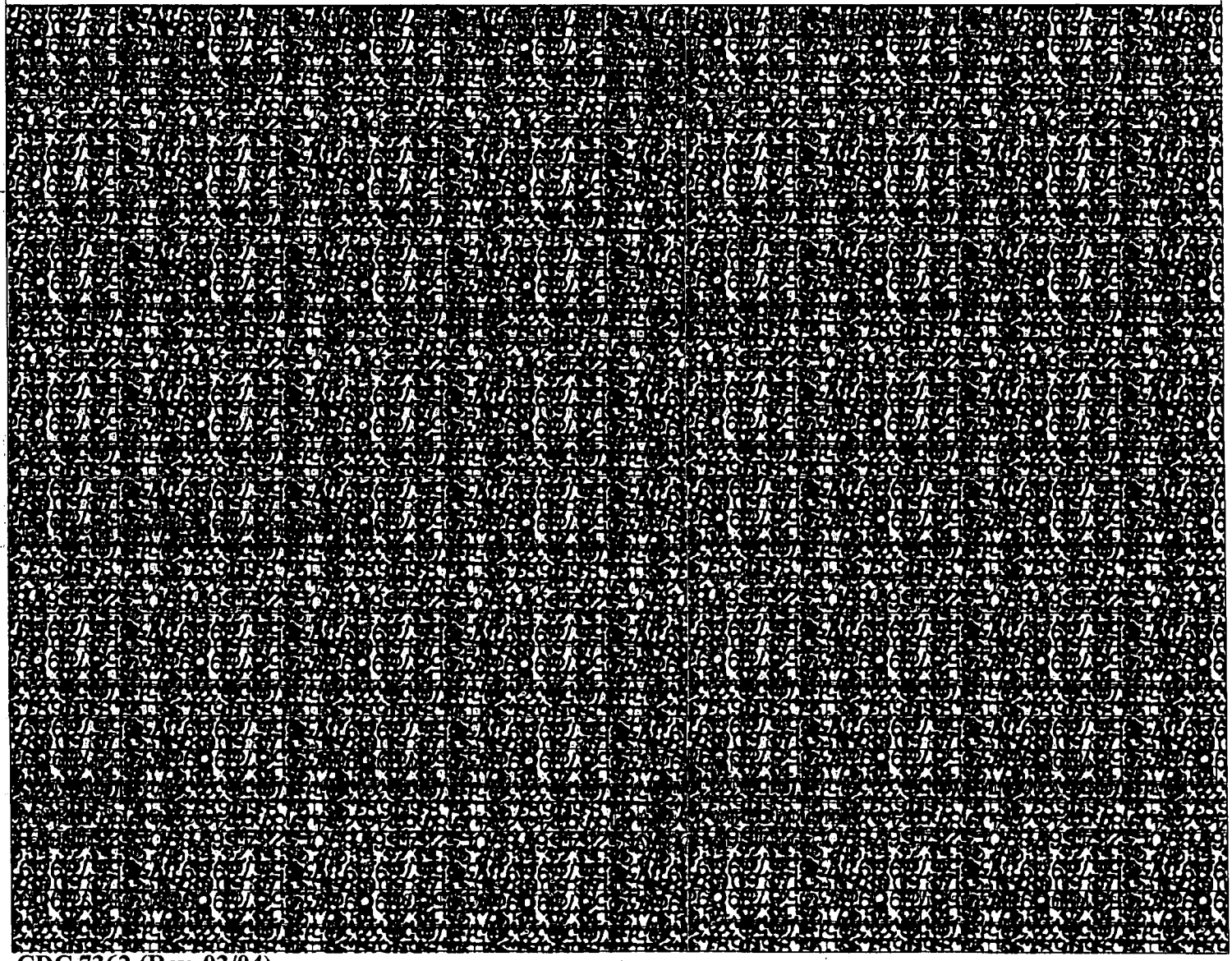
PATIENT SIGNATURE: [signature] DATE: NOV - 25 - 07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I WAS INFORMED THAT THE PODIATRIST WOULD BE AT SAND CLM FOR A COUPLE OF MONTHS - IS THIS TRUE "THERE IS NO BACK UP! ALSO I WROTE THE ATTORNEY GENERAL ABOUT DR GHALY "THE PODIATRISTS LIAR" LIED TO ME, HE'S NOT MISSING BECAUSE THEY" THE ATTORNEY GENERAL DID CALL DR GHALY - DID HE QUIT! CAUGHT IN A LIE

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)



8115754

...TH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

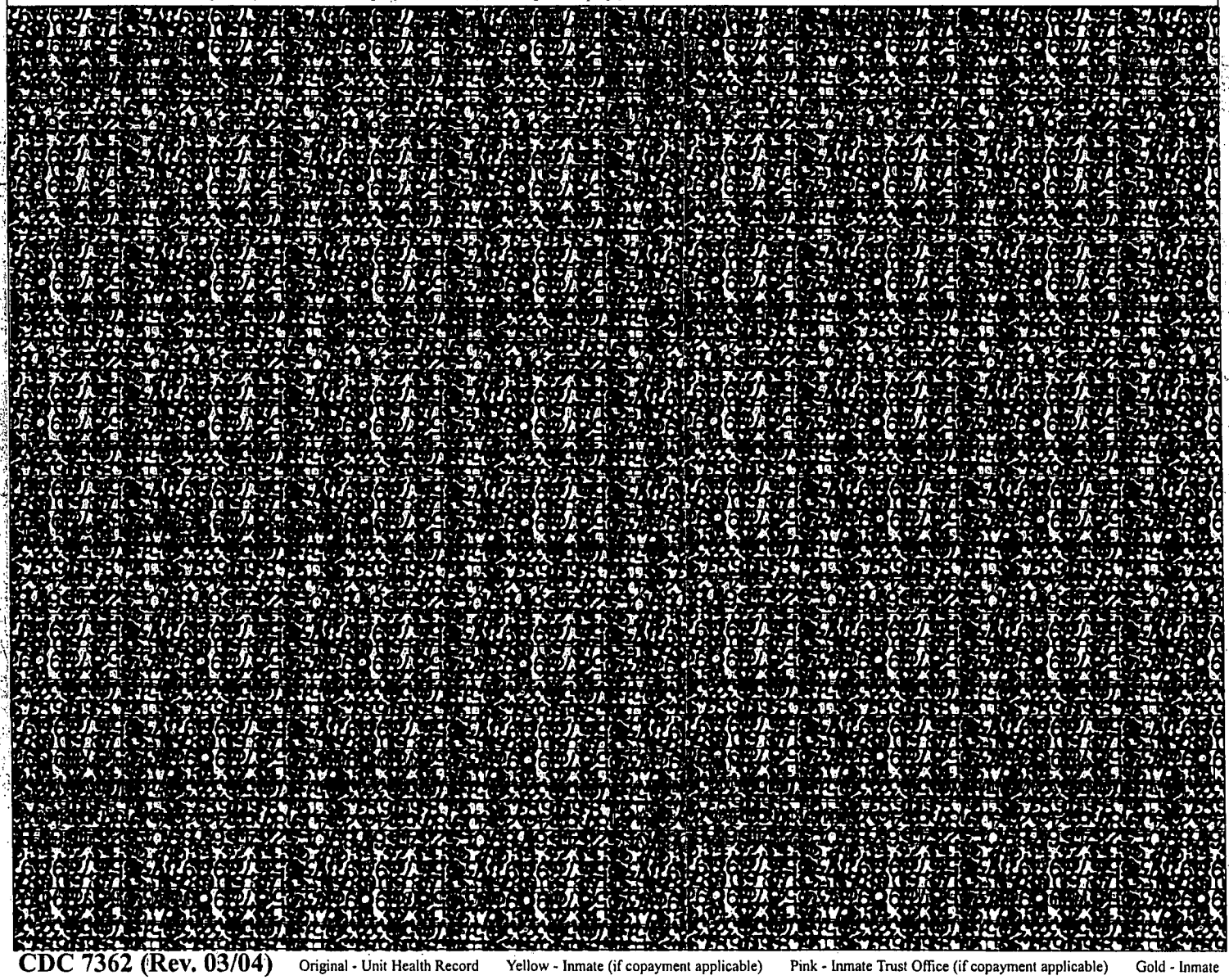
NAME	CDC NUMBER	HOUSING
Dale Boone	V45728	Magnolia
PATIENT SIGNATURE		DATE
Dale B		Dec-5-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I need to be reduced! I was waiting to see Doctor Smith and was called away trying to see about cortizone shoots for pain from not having my orthotics that were taken away! Also - the nurse told me the podiatrist was here! How come they call people over intercom "To see the podiatrist" need to be called when he

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)



CDC 7362 (Rev. 03/04) Original - Unit Health Record Yellow - Inmate (if copayment applicable) Pink - Inmate Trust Office (if copayment applicable) Gold - Inmate

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE	TO	FROM (LAST NAME)	CDC NUMBER
DEC-21-07	MEDICAL FILE	BOEWE	V45728

HOUSING	BED NUMBER	WORK ASSIGNMENT	JOB NUMBER
MAGNOLIA 127 LOW	127-LOW	CAMP WORK - MEDICAL HOLD	FROM N/A TO N/A

OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)

ASSIGNMENT HOURS
FROM TO

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

SAW PSYCHIATRIST TODAY. IM GETTING DEPRESSED AND PANICED BECAUSE OF PAIN FROM FEET, AND CONCERN FOR LONG TERM DAMAGE SHE SAID (OR PUT IN FOR ME) TO SEE DR SMITH, TO INCREASE PAIN MEDICATION! CHRONIC PAIN CAN TOTALLY STRESS YOU OUT!

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY CAUSE SEVERE DEPRESSION! AND WORRY! DATE

DISPOSITION SHE ASKED IF I WAS "SUICIDAL", ALMOST!

John Boewe DEC-21-07

Check if Appropriate
M/R _____
CC/F_____

OUT PATIENT DEPARTMENT MEMO /OP-1

From:

D/N	E/R	RCC	CIM-E	RCW	HOSP	FRNT CLNC	ELM HALL
Clnc	Dntl	Lab	Rcds	Phrm	Surg	Xray	C/O

To:

Clnc	Dntl	Lab	Rcds	Phrm	Surg	Xray	

Noted

Name: Boewe, Dale

Number: V45728

Housing Unit: _____
(or Sending Institution)

Date: 3/7/08

crutches Crono

-permanent-
due to
medical condition

CIM M 0001

Physician/ Supervisor's Signature

NAME: BOEWE, DALE CDC#:V-45728 BED#: MIRBW113L

CRUTCHES CHRONO:

4

This Inmate may have in his possession CRUTCHES for 90 days due to: MEDICAL REASONS

D.O.
CIM FRONT MEDICAL CLINIC
J. SMITH, D.O.

Orig: Central file
cc: Medical File
housing Unit
inmate

CRUTCHES CHRONO: /EXPIRATION DATE: 01-24-08

DATE:10-24-07 MEDICAL CHRONO MEDICAL-PSYCHIATRIC-DENTAL JS/dm

NAME: BOEWE, DALE CDC#:V-45728 BED#: MIRBW113L

4

CRUTCHES CHRONO:

This Inmate may have in his possession CRUTCHES for 60 days due to MEDICAL REASONS

D.O.
CIM FRONT MEDICAL CLINIC
J. SMITH, D.O.

Orig: Central file
cc: Medical File
housing Unit
inmate

CANE CHRONO: /EXPIRATION DATE: 01-04-08

DATE:10-0407 MEDICAL CHRONO MEDICAL-PSYCHIATRIC-DENTAL JS/dm

CDC-128-C

NAME: BOEWE, DALE CDC#:V-45728 BED#: MIMH 127L

4

PERMANENT CRUTCHES CHRONO:

This Inmate may have in his possession CRUTCHES WHILE AT CIM due to: MEDICAL REASONS

D.O.
CIM/FRONT MEDICAL CLINIC
J. SMITH, D.O.

Orig: Central file
cc: Medical File
housing Unit
inmate

DATE:03/07/08-MEDICAL CHRONO-MEDICAL-PSYCHIATRIC-DENTAL JS/dm
DT: 03/10/08

Exhibit D

Documents pertaining to defendant 2.6

9

CALIFORNIA INSTITUTION FOR MEN

Minimum Support Facility

REQUEST TO MAIL PERSONAL PROPERTY

Outgoing Items BOOK - MIS PAPER WORK

❶ I, DALE DOEWE, request that my personal property listed above be mailed to the addressee designated. I agree that my trust account will be charged. **In the event that my Trust Account does not have sufficient funds to cover the cost of shipping, I authorize the following disposition of the property:** (Initial **ONE** only) If by no fault of the Institution, my property is returned to the Institution by UPS, I understand that CIM will dispose of my property.

Staff Initial DF

Date Verified 9-14-07

Funds Available ☑ Yes ☐ No

❷ X Donate to Institution (C.I.M.)

Donate to a local charitable organization

Render Item(s) useless and dispose of pursuant to D.O.M. 52051

NOTE: *If NO selection is noted, Institutional Staff will determine method of disposition.*

❸ Inmate Signature [signature] ❹ CDC NO. V45728 ❺ BED NO. 113L

Custody Staff Witness Signature [signature] Date 9-14-07

CIM Print Shop Form 0150 Rev. 12/01 CIM-0150, Rev. 12/01

Check if Appropriate
M/R
6 CC/F

OUT PATIENT DEPARTMENT MEMO /OP-1

From:

D/N	E/R	RCC	CIM-E	RCW	HOSP	FRNT CLNC	ELM HALL
Clnc	Dntl	Lab	Rcds	Phrm	Surg	Xray	C/O

To:

Clnc	Dntl	Lab	Rcds	Phrm	Surg	Xray	

Noted

Name: Boewe, D

Number: V45728

Housing Unit: _____
(or Sending Institution)

Date: 11/21/07

Shoe Chono:
Permanent
Please permit to wear orthopedic shoes - for medical reasons.
shoes to be kept from home.

CIM M 0001

Physician / Supervisor's Signature

Copy 1 of 2 Sec 7th

MEDICAL QUESTION

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE	TO	FROM (LAST NAME)	CDC NUMBER
Dec-9th-07	"R&R-Admin Mail Room"	Bowe	V45728

HOUSING	BED NUMBER	WORK ASSIGNMENT	JOB NUMBER FROM	TO
MAGNOLIA	127L	NONE		

OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)

ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

CAN MY DOCTORS SEND IN ORTHODICS, AND ORTHODIC SHOES!

THANK-YOU

Do NOT write below this line! If more space is required, write on back.

INTERVIEWED BY "NOT GETTING RESPONSE" DATE

DISPOSITION "3RD SENT"

U COPY 1-OF 2 COPY FOR PERSONAL RECORDS

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE	TO	FROM (LAST NAME)	CDC NUMBER
FEB-19-08	MEDICAL DR SMITH	BOEHME	V45728

HOUSING	BED NUMBER	WORK ASSIGNMENT	JOB NUMBER
MAG HALL	127 LOW	N/A MEDICAL HOLD	FROM N/A TO

OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)
ARTS + CRAFT

ASSIGNMENT HOURS
FROM TO

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

DR SMITH - ORTHODICS (AT LEAST SOME TEMPORARY ORTHODICS) "AS I'VE BEEN DENIED ANY HELP AT CHINO CIM" MY WIFE AND FRIEND HAVE MAILED ORTHODICS IN (3) TIMES WITH CHRONO, ONLY TO BE SENT BACK! CAN YOU PLEASE CALL MAIL ROOM - R&R - PLEASE IN PAIN, NEEDED BAD!

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY DATE

DISPOSITION

U

NAME: BOEWE, DALE CDC#:V-45728 BED#: MIRBW113L

PERMANENT SHOE CHRONO

This Inmate may have ORTHOTICS sent from home at inmate's expense
To be used with ~~prision dispensed shoes~~. DUE TO MEDICAL REASONS
ORTHODIC NEW BALANCE

D.O.
CIM FRONT MEDICAL CLINIC
J. SMITH, D.O.

Orig: Central file
cc: Medical File
housing Unit
inmate

Attention Sgt. Sharp
Do not give out

CRUTCHES CHRONO: /EXPIRATION DATE: 01-24-08

DATE:10-24-07 MEDICAL CHRONO - MEDICAL-PSYCHIATRIC-DENTAL JS/dm

)C-128-C

NAME: BOWE, DALE CDC#: V-45728 BED#: RH 113L

PERMANENTE ORTHOPEDIC SHOE CHRONO

Inmate's FAMILY may send orthopedic shoes from home at inmates expense, due to **MEDICAL REASONS** WHILE AT CIM.

D.O.
CIM FRONT MEDICAL CLINIC
J. Smith, D.O

Orig: Central File
cc: Medical File
Housing Unit
Inmate

DATE: 11/21/07 MEDICAL CHRONO MEDICAL-PSYCHIATRIC-DENTAL JS/dm
DT:11/27/07

CDC-128-C

CDC-128-C

NAME: E WE, DALE CDC#:V-45728 ED#: MIRBW113L

PERMANENT SHOE CHRONO

This Inmate may have ORTHOTICS sent from home at inmate's expense, To be used with prision dispensed shoes, DUE TO MEDICAL REASONS.

D.O.
CIM FRONT MEDICAL CLINIC
J. SMITH, D.O.

Orig: Central file
cc: Medical File
housing Unit
inmate

CRUTCHES CHRONO: /EXPIRATION DATE: 01-24-08

DATE:10-24-07 MEDICAL CHRONO MEDICAL-PSYCHIATRIC-DENTAL JS/dm

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE BOEWE	V45728	MAG HALL - 127

PATIENT SIGNATURE: DALE BOEWE

DATE: MARCH-4-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) DR SMITH - MY ORTHOTICS WERE MAILED BACK AGAIN, AND THE ORTHOPEDIC SHOES WERE SENT BACK! THEY WERE SENT WITH YOUR DIRECT ORDERS FOR ME TO HAVE THEM! THEY DID NOT GET THEM THROUGH!

NEED APPROVED AGAIN PLEASE!

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)

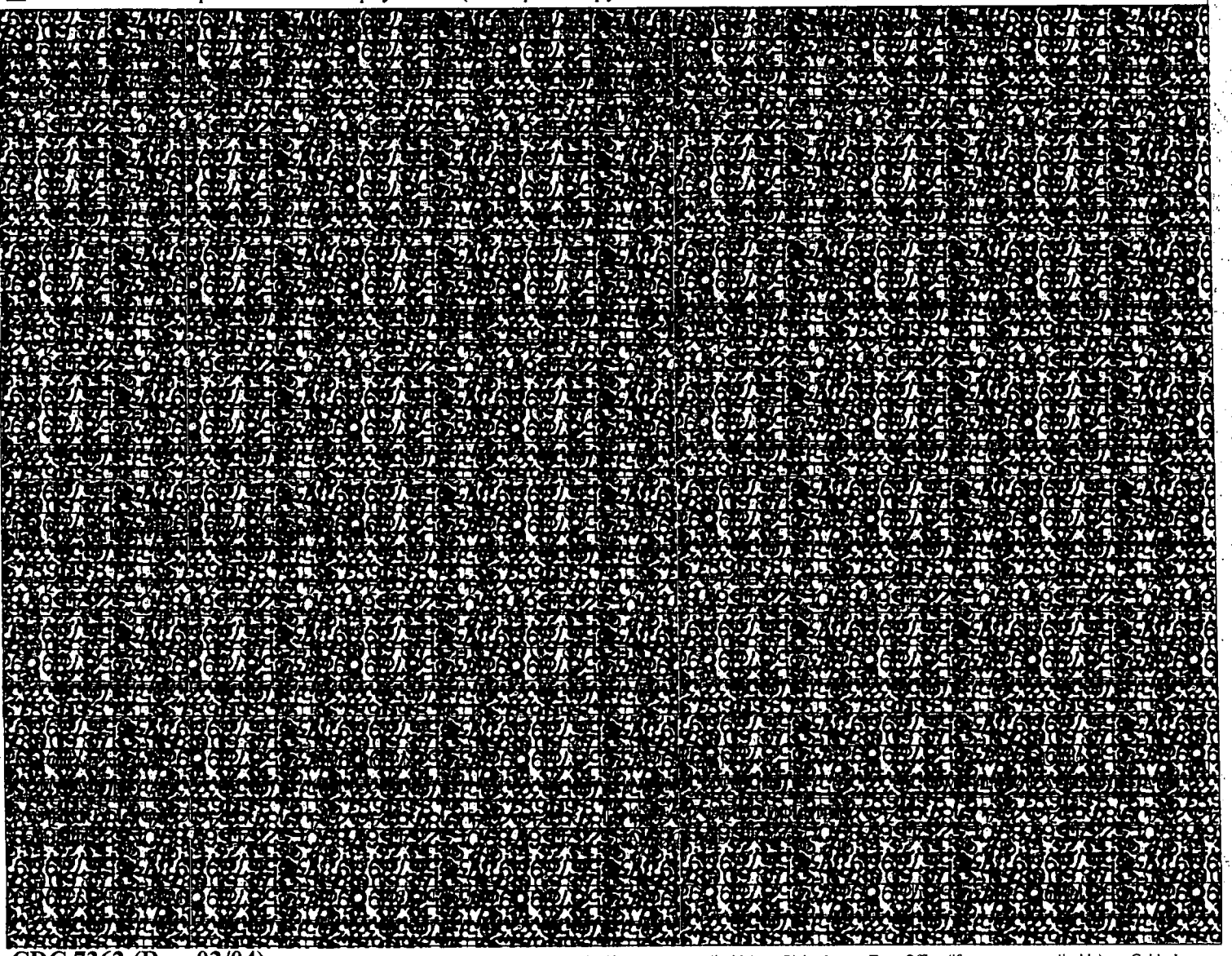


Exhibit E

Documents pertaining to defendant 2.8

Check if Appropriate
M/R _____
CC/F _____

8 **OUT PATIENT DEPARTMENT MEMO /OP-1**

From:

D/N	E/R	RCC	CIM-E	RCW	HOSP	FRNT CLNC	ELM HALL
Clnc	Dntl	Lab	Rcds	Phrm	Surg	Xray	C/O

To:

Clnc	Dntl	Lab	Rcds	Phrm	Surg	Xray	

Noted

Name: Bowe, O

Number: V45728

Housing Unit: _____
(or Sending Institution)

Date: ~~4/24/07~~

Work Crono:
work should be restricted to sitting type job - walking no more than 10 minutes per hour.
Effective * till revoke

James Smith
Physician/ Supervisor's Signature

CIM M 0001

STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS AND REHABILITATI

INMATE WORK SUPERVISOR'S TIME LOG

CDCR 1697 (Rev. 03/06)

DISTRIBUTION:
WHITE - WORK SUPERVISO
YELLOW - INMATE

CDC NUMBER	INMATE'S NAME	ETHNICITY	MONTH	YEAR
V45728	Bocwe, D.	Wht	Oct	07

JOB TITLE	POSITION NUMBER	PAY RATE (HOURLY)	REGULAR DAYS OFF	HOURS OF ASSIGNMENT
3/w O/m Redwood	PTRCM 739	0	Su/m	1600-2400

SUPERVISOR'S NAME (PLEASE PRINT)	TITLE	SUPERVISOR'S SIGNATURE	DATE
ADLER, S	C/O		10.1.07

FIRST LINE SUPERVISOR'S NAME (PLEASE PRINT)	TITLE	FIRST LINE SUPERVISOR'S SIGNATURE	DATE

DAY	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL HOURS	TYPE OF TIME	MIN MET	TIME KEEPER'S SIGNATURE
1 [X] RDO [ ] HOL						R	Y	
2 [ ] RDO [ ] HOL	1600	1700	1730	2400	7.5	X	Y	
3 [ ] RDO [ ] HOL	1600	1700	1730	2400	7.5	X	Y	
4 [ ] RDO [ ] HOL	1600	1700	1730	2400	7.5	X	Y	
5 [ ] RDO [ ] HOL	1600	1700	1730	2400	7.5	X	Y	
6 [ ] RDO [ ] HOL	1600	1700	1730	2400	7.5	X	Y	
7 [X] RDO [ ] HOL						R	Y	
8 [X] RDO [ ] HOL						R	Y	
9 [ ] RDO [ ] HOL	1600	1700	1730	2400	7.5	X	Y	
10 [ ] RDO [ ] HOL	1600	1700	1730	2400	7.5	X	Y	
11 [ ] RDO [ ] HOL			Job change					
12 [ ] RDO [ ] HOL			Effect 10/10/07					
13 [ ] RDO [ ] HOL								
14 [X] RDO [ ] HOL						R	Y	
15 [X] RDO [ ] HOL						R	Y	
16 [ ] RDO [ ] HOL								

DAY	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL HOURS	TYPE OF TIME	MIN MET	TIME KEEPER SIGNATUR
17 [ ] RDO [ ] HOL								
18 [ ] RDO [ ] HOL								
19 [ ] RDO [ ] HOL								
20 [ ] RDO [ ] HOL								
21 [X] RDO [ ] HOL						R	Y	
22 [X] RDO [ ] HOL						R	Y	
23 [ ] RDO [ ] HOL								
24 [ ] RDO [ ] HOL								
25 [ ] RDO [ ] HOL								
26 [ ] RDO [ ] HOL								
27 [ ] RDO [ ] HOL								
28 [X] RDO [ ] HOL						R	Y	
29 [X] RDO [ ] HOL						R	Y	
30 [ ] RDO [ ] HOL								
31 [ ] RDO [ ] HOL								
TOTAL DAYS MINIMUM MET	TOTAL X HOURS WORKED	X PAY RATE	TOTAL PAY
---	---	---	---
10	525	$	$

ENTER DATE(S) AND REASON(S) IF EXCEPTIONAL TIME (A, E, AND / OR S) USED:

TRANSFERRED IN (DATE):	DMS #	TRANSFERRED OUT (DATE) 10/31/07	DMS #

STATE OF CALIFORNIA
INMATE WORK SUPERVISOR'S TIME LOG
CDCR 1697 (Rev. 03/06)

DEPARTMENT OF CORRECTIONS AND REHABILITATI
DISTRIBUTION:
WHITE - WORK SUPERVISO
YELLOW - INMATE

CDC NUMBER	INMATE'S NAME	ETHNICITY	MONTH	YEAR
V45728	Boewe, D.	WHT	Sept	07

JOB TITLE	POSITION NUMBER	PAY RATE (HOURLY)	REGULAR DAYS OFF	HOURS OF ASSIGNMENT
3A Dorm-Reduced	FACM 239	0	SU/M	1600-2400

SUPERVISOR'S NAME (PLEASE PRINT)	TITLE	SUPERVISOR'S SIGNATURE	DATE
Cuevas, E	CO		9/7/07

FIRST LINE SUPERVISOR'S NAME (PLEASE PRINT)	TITLE	FIRST LINE SUPERVISOR'S SIGNATURE	DATE

DAY	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL HOURS	TYPE OF TIME	MIN MET	TIME KEEPER'S SIGNATURE
1 RDO HOL								
2 RDO HOL								
3 RDO HOL								
4 RDO HOL								
5 RDO HOL								
6 RDO HOL								
7 RDO HOL	1600	1700	1730	2400	7.5	X	Y	
8 RDO HOL	1600	1700	1730	2400	7.5	X	Y	
9 RDO HOL						R	Y	
10 RDO HOL						R	Y	
11 RDO HOL	1600	1700	1730	2400	7.5	X	Y	
12 RDO HOL	1600	1700	1730	2400	7.5	X	Y	
13 RDO HOL	1600	1700	1730	2400	7.5	X	Y	
14 RDO HOL	1600	1700	1730	2400	7.5	X	Y	
15 RDO HOL	1600	1700	1730	2400	7.5	X	Y	
16 RDO HOL						R	Y	
17 RDO HOL						R	Y	
18 RDO HOL	1600	1700	1730	2400	7.5	X	Y	
19 RDO HOL	1600	1700	1730	2400	7.5	X	Y	
20 RDO HOL	1600	1700	1730	2400	7.5	X	Y	
21 RDO HOL	1600	1700	1730	2400	7.5	X	Y	
22 RDO HOL	1600	1700	1730	2400	7.5	X	Y	
23 RDO HOL						R	Y	
24 RDO HOL						R	Y	
25 RDO HOL	1600	1700	1730	2400	7.5	X	Y	
26 RDO HOL	1600	1700	1730	2400	7.5	X	Y	
27 RDO HOL	1600	1700	1730	2400	7.5	X	Y	
28 RDO HOL	1600	1700	1730	2400	7.5	X	Y	
29 RDO HOL	1600	1700	1730	2400	7.5	X	Y	
30 RDO HOL						R	Y	
31 RDO HOL								

TOTAL DAYS MINIMUM MET	TOTAL X HOURS WORKED	X PAY RATE	= TOTAL PAY
		0	0

ENTER DATE(S) AND REASON(S) IF EXCEPTIONAL TIME (A, E, AND / OR S) USED:

Job Assigned Effect 9/7/07

TRANSFERRED IN (DATE):	DMS #	TRANSFERRED OUT (DATE):	DMS #
9/7/07			

8

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

NAME: **BOEWE, D.** CDC #: **V45728** BED: **MH-127L**

COMMITTEE ACTION SUMMARY

ANNUAL REVIEW, CONTINUE IN PRESENT PROGRAM.

COMMITTEE'S COMMENTS

Inmate **BOEWE** appeared before California Institution for Men (CIM) Minimum Support Facility's (MSF's) Unit Classification Committee (UCC) today for an Annual Review. Inmate **BOEWE** stated that his health was poor, however he was willing to proceed. It should be noted that inmate BOEWE stated, "his feet hurt and is on crutches." Inmate **BOEWE** received his 72-hour notice for the purpose of this review. Prior to committee reviewing and discussing this case, **BOEWE** was introduced to the committee members.

Changes in case factors from initial classification chrono dated 9/5/07. Classification score has been adjusted from 2 to 0, covering 2 periods 4/18/07 to 4/17/08. Currently assigned to Kitchen Sandwich Crew with no work reports. No RVR's for these review periods. CDC 812: clear. Confidential: clear.

Based upon a review of **BOEWE'S** Central File, case factors, and through discussion with him, committee elects to: Continue in present program.

At the conclusion of this review, Inmate **BOEWE** was informed of his Appeal Rights with regards to this committee's actions.

Inmate **BOEWE** acknowledged his understanding and agreement with committee's actions.

STAFF ASSISTANT

Not Assigned: (Issues not complex and non-participant in MHSDS)

INMATE CASE FACTORS

CUSTODY	CS/LEVEL	WG/PG & EFF. DATE	RELEASE DATE	GPL	RECLASS	ETHNIC	PSYCH - DATE 128C	MEDICAL
MIN-B	0/I	A1/A, 4/18/07	EPRD: 5/24/08	8.5	4/17/09	WHITE	G.P. CLEAR 4/18/07	FULL DUTY

COMMITTEE MEMBERS

CHAIRPERSON
J. GOGO, CCII(A)

MEMBERS
J. D. WILLIAMS, CCI

RECORDER
J. Y. FELIX, CCI

Committee Date: 4/2/2008 **ANNUAL REVIEW** Committee: CIM-MSF

Typed By: JYF - Distribution: C-File & Inmate CALIFORNIA INSTITUTION FOR MEN Classification Chrono CDC 128G (Rev: 1/05)

(2) OH- SORRY - WE LIED! YOU CAUGHT US! - IVE CAUGHT CALIF STATE PRISON IN MANY MORE!

LT - NO CAPT PETERS WAS PRESENT AND AUTHORIZED CHANGE - FROM LIE TO TRUTH!

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

NAME: **BOEWE, D.** CDC #: **V45728** BED: **MH-127L**

COMMITTEE ACTION SUMMARY

ANNUAL REVIEW, CONTINUE IN PRESENT PROGRAM.

COMMITTEE'S COMMENTS

Inmate **BOEWE** appeared before California Institution for Men (CIM) Minimum Support Facility's (MSF's) Unit Classification Committee (UCC) today for an Annual Review. Inmate **BOEWE** stated that his health was good and was willing to proceed. Inmate **BOEWE** received his 72-hour notice for the purpose of this review. Prior to committee reviewing and discussing this case, **BOEWE** was introduced to the committee members.

Changes in case factors from initial classification chrono dated 9/5/07. Classification score has been adjusted from 2 to 0, covering 2 periods 4/18/07 to 4/17/08. Currently assigned to Kitchen Sandwich Crew with no work reports. No RVR's for these review periods. CDC 812: clear. Confidential: clear.

Based upon a review of **BOEWE**'S Central File, case factors, and through discussion with him, committee elects to: Continue in present program.

At the conclusion of this review, Inmate **BOEWE** was informed of his Appeal Rights with regards to this committee's actions.

Inmate **BOEWE** acknowledged his understanding and agreement with committee's actions.

STAFF ASSISTANT

Not Assigned: (Issues not complex and non-participant in MHSDS)

INMATE CASE FACTORS

CUSTODY	CS/LEVEL	WG/PG & EFF. DATE	RELEASE DATE	GPL	RECLASS	ETHNIC	PSYCH. DATE 128C	MEDICAL
MIN-B	0/I	A1/A, 4/18/07	EPRD: 5/24/08	8.5	4/17/09	WHITE	G.P. CLEAR 4/18/07	FULL DUTY

COMMITTEE MEMBERS

CHAIRPERSON
J. GOGO, CCII(A)

MEMBERS
J. D. WILLIAMS, CCI

RECORDER
J. Y. FELIX, CCI

Committee Date: 4/2/2008

ANNUAL REVIEW

Committee: CIM-MSF

(1) THIS IS HOW IT IS AT LANCASTER, CHINO, CALIFORNIA STATE PRISONS LIES - CHECK MY MEDICAL FILES, WOULD I EVER SAY I'M IN GOOD HEALTH - SAME WITH FIRST REVIEW! I SAID I NEED ORTHODICS, MEDICAL HELP

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE	TO	FROM (LAST NAME)	CDC NUMBER
OCT-6-07	MEDICAL	BOWE DALE	V45728

HOUSING	BED NUMBER	WORK ASSIGNMENT	JOB NUMBER
RSH4000 113L	113L	B/M	FROM 700 1100 TO 12:330

OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)
NONE.

ASSIGNMENT HOURS
FROM TO

Clearly state your reason for requesting this interview.
You will be called in for interview in the near future if the matter cannot be handled by correspondence.

WHO WOULD I CONTACT ABOUT A JOB CHANGE BECAUSE OF A MEDICAL CONDITION"; IM CONCERNED MAJORLY; PLEASE HELP!

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY

DATE

DISPOSITION

(COPY) 1 OF 2 NOV-1-07 REQUEST TO MOVE FOR MEDICAL "REASONS"

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE	TO	FROM (LAST NAME)	CDC NUMBER
NOV-1-07	AD-MIN - COUNSLER	BOEWE DALE	V45728

HOUSING	BED NUMBER	WORK ASSIGNMENT	JOB NUMBER FROM	TO
REDWOOD	113L	NONE		

OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)
NONE

ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

CAN I BE MOVED TO HOUSING CLOSER TO THE CLINIC, CHOW HALL, I'VE NOT GOTTEN MEDICAL AIDS I NEED SO MY FEET, LEGS, NOW BACK, HURT WHEN WALKING OR "STANDY IN LINE" OR PRETTY SOON I MIGHT BE IN A WHEEL CHAIR!.

Do NOT write below this line! If more space is required, write on back.

INTERVIEWED BY

DATE

DISPOSITION NEVER GOT REQUEST BACK

COR'S 10-2 & MH-127L

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE	TO	FROM (LAST NAME)	CDC NUMBER
MAR-20-08	COUNSLER FELIX	BOEWE	V45728

HOUSING	BED NUMBER	WORK ASSIGNMENT	JOB NUMBER
MAG HALL, 127 LOW	127 LOW	MEDICAL HOLD / ON CRUTCHES	FROM NA TO

OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)
N/A

ASSIGNMENT HOURS
FROM TO

Clearly state your reason for requesting this interview.
You will be called in for interview in the near future if the matter cannot be handled by correspondence.

HELLO - I WAS ASSIGNED ARTS + CORR, DUE TO MEDICAL RESTRICTIONS, I HAVE CHRONOS, I WAS TAKEN OUT OF ARTS & CORR, AND PUT INTO PRE RELEASE, AFTER I WAS PUT IN PRE RELEASE, THEY (SOMEONE, PUT ME IN THE SANDWICH CREW (KITCHEN) PLEASE CHANGE THIS AS IT IS IMPOSSIBLE! THANK-YOU

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY J. Y. FELIX

DATE 3/28/08

DISPOSITION
WILL BE TAKING YOU TO UCC ON 4-2-08 FOR ANNUAL REVIEW / JOB CHANGE.

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE	TO	FROM (LAST NAME)	CDC NUMBER
APR-28-08	RECORDS	BOEWE	V45728

HOUSING	BED NUMBER	WORK ASSIGNMENT	JOB NUMBER FROM N/A TO
MAG HALL	127L	HAVE BECOME DISABLED	

OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)
I'VE BEEN FOR THERAPY - A DIRTY 5 GAL BUCKET & SOAK FEET IN!

ASSIGNMENT HOURS FROM N/A TO

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

AFTER MY 1YR ANNUAL REVIEW - AND CATCHING THE COMM. TEE LIEING ABOUT MY MEDICAL CONDITION. THERE STILL ARE LIES IN THE CORRECTED PAPER AFTER SEEING DR FELIX DR PETERS, GO-GO! I ALSO FEEL THREATENED. I NEED A COPY OF MY 1AT COMITTEE MEETING, I TOLD THEM MY MEDICAL CONCERNS! WAS TOLD - THIS COMITTEE DOES NOT HEAR MEDICAL PROBLEMS.

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY

DATE

DISPOSITION

BECAUSE I HAVE ZERO POINTS I END UP WITH AN 6 GATE PASS INSTEAD OF MEDICAL HELP! I TOLD THEM WITHOUT MY ORTHOTICS ALL BECAME LAME...

#F941865

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE	TO	FROM (LAST NAME)	CDC NUMBER
APR-28-08	COMITTEE, BOARD,	BOWE DALE ERNEST	V45728

HOUSING	BED NUMBER	WORK ASSIGNMENT	JOB NUMBER
6A HALL 127L	127L	CRIPPLED DUE TO MEDICA INCOMP.	FROM EWISH TO

OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.) CHRONO

ASSIGNMENT HOURS FROM TO

I'VE BEGGED AND PLEADED FOR THERAPY - CHECK 5 GAL BUCK.

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

AT MY ANNUAL REVIEW FELIX, GOGO PRESENT, I INFORMED THEM OF MEDICAL CONDITIONS (CRIPPLE) MY PAPERWORK CAME BACK SOLO LESS. WHEN I FIRST GOT HERE TOLD THE COMMITTEE I NEED MY ORTHODICS - OR I CAN BECOME PERMANENTLY DAMAGED CARTWORK! I BET THEY LIED ON THAT ONE TOO! AS I GOT A CANE PASS INSTEAD OF MEDICAL AID!

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY

DATE

SHOW ME THAT PAPER WORK OF FIRST MEETING!

DISPOSITION

MAY 23RD - NEVER GOT RESPONSE

Exhibit F

Documents pertaining to Defendant 2.9

California Institution for Men, Appeals Office — ADA Appeal Screen-Out Form (Rev. 8/13/2004)

CDC-1824 ADA APPEAL SCREENING FORM

To: Brown, D.	CDC #: V-45728	Housing: MSF OAR 104U	Appeal Log#:

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

☐ The action or decision you are appealing is not within the jurisdiction of CDC. (CCR 3084.3(c)(1). ☐ Effective May 1, 2004, the BPH 1040 appeal process is no longer utilized. Issues concerning due process, grant or denial of parole, parole revocation, attorney or witness requests, early discharge, or good cause findings for hearings cannot be appealed. These types of appeal issues may now be forwarded to the court asking them to change the BPH action or decision. ☐ Issues concerning BPH clerical mistakes, mandatory discharge, credit eligibility during revocation terms, or other BPH rules of law may be addressed via a letter addressed to the BPH Quality Control Unit, PO Box 4036, Sacramento, CA. 95812-4036.
☐ If the issue is related to a disability before, during, or after the hearing you may file a grievance on a BPH 1074 to the Chief Deputy Commissioner. (ARP §IV.J)

☐ You have already submitted an appeal on this same issue. CCR 3084.3(c)(2). Refer to Log#

☐ In your appeal, you are requesting a transfer solely for medical treatment. This request is a non-Americans with Disabilities Act issue; therefore, your appeal was recategorized as a CDC-602 Inmate/Parolee Appeal Form. (ARP §IV.23.b).

☐ In your appeal, you are complaining about pain and requesting medical treatment with no indication that program access is denied or impeded. This request is a non-Americans with Disabilities Act issue; therefore your appeal was recategorized as a CDC-602 Inmate/Parolee Appeal Form. ARP §IV.23.b).

☐ In your appeal, you do not allege that you have a disability that substantially limits a major life activity as defined in the Armstrong Remedial Plan. This request is a non-Americans with Disabilities Act issue; therefore, your appeal was recategorized as a CDC-602 Inmate/Parolee Appeal Form. ARP §IV.23.b).

☐ You are requesting a Second Level review. However, you have not adequately explained your dissatisfaction with the First Level review. Pursuant to the Armstrong Remedial Plan, you must explain your dissatisfaction with the First Level Response and suggest an appropriate resolution. (ARP §IV.23.e).

☑ Your appeal includes both Americans with Disabilities Act (ADA) and non-ADA issues. Staff shall address your ADA issue(s) only. Your non-ADA issue(s) may be recorded on a CDC-602 Inmate/Parolee Appeal Form. ARP §IV.23.b).

☐ You are requesting a Second Level review. However, you failed to submit the appeal within 15 working days of receipt of the First Level decision by the Division Head. Therefore, your appeal is rejected. (ARP §IV.23.e / CCR 3084.3(c)(6)).

☐ You have inadequately completed the CDC Form 1824 or 602 (e.g., no signature, section incomplete, missing appeal attachments etc). Correct the missing information and forward the appeal back to the Appeal Coordinator's Office. (CCR 3084.3(c)(5)).

☐ You are requesting extended Reception Center (RC) stay credits, however, you have not been in the RC for more than 60 days. Therefore your appeal is rejected. If you have a disability that impacts placement (CDC 1845 Section C) or undergoing dialysis treatment and still in the RC more than 60 days you may file another appeal. (ARP §III.A / CCR 3084.3(c)(3)).

☐ Remark(s)

CIM

☐ **Please correct the indicated problems and return your appeal.**

Note: Failure to follow instruction(s) will be reviewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed unless you allege the above reason(s) are inaccurate. In such a case, please return this form to the Appeals Coordinator with the necessary information. You have only 15 days to comply with any of the above directives. (CCR 3084.3(c)(6) / 3084.6(c)).

Screened Out# — Date: SEP 06 2007

B. LeMaster, CC-II
Appeals Coordinator
CIM-MSF and Reception Centers

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE !

cc: Inmate
Appeal Attachment
Appeal Office

9A

INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE BOEWE, V45728 Date: September 6, 2007
Current Housing: MIRHBW000000113L

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: CIM-M-07-01378

ASSIGNED STAFF REVIEWER: CMO
APPEAL ISSUE: ADA
DUE DATE: 09/27/2007

Inmate BOEWE, this acts as a notice to you that your appeal has been sent to the above staff for FIRST level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for SECOND level review.

CIM Appeals Coordinator
California Institution for Men, Chino

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST
CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY:
CIM-M	07-1378	18. ADA

CIM SEP 06 2007 CMO - 1st LEVEL APPL. NEED / SPEC. APPT.

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

MIRHBW113L

INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
DALE E BOWES	V45728	N/A		OAK C-104 UP

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

"IMPROPER MEDICAL CARE"
I AM NOW IN EXTREME PAIN "CONSTANT WHEN WALKING". IT'S BECOME CHRONIC SINCE I'VE BEEN INCARCERATED DUE TO "BEING IGNORED. PERMANENT

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

I'VE GOT OUTSIDE MEDICALS RECORDS (WHICH WERE MAILED TO ME AND NO-ONE WILL LOOK AT! I'VE GOT XRAYS - MRI'S. THE PROBLEM WAS UNDER CONTROL. THEN THE SYSTEM TOOK AWAY MY THERAPY - MY ORTHODIC AND MADE ME WALK ETC... TO SURVIVE. NO ONE LISTENED. NOW MY CONDITION IS EXTREMELY CHRONIC AND MAY BE PERMAMENT...

DESCRIBE THE PROBLEM:

EVERY STEP I TAKE IS NOW EXTREMELY PAINFULL. I MAY NOW HAVE TORN TENDONS OR MUSCLE'S IN FEET. PAIN GOES UP THE LOWER LEG ALSO. I HAVE REPEATEDLY ASK FOR PROPER FOOTWEAR, ORTHODICS, THERAPY, MEDICATION, AND IT IS COMPLETELY IGNORED. I'VE BEEN LOWER BUNK CHRONO SINCE ARRESTED. NEVER ONCE DID SYSTEM ACCOMIDATE MY NEEDS, I EVEN FELL BECAUSE OF CONDITIONS OF MY INCARCERATION

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED? IT'S 6 MONTHS TO LATE BUT I FIRST OFF NEED MY ORTHODICS, AND SHOES. I NOW NEED AN MRI AGAIN, TO SEE HOW MUCH DAMAGE HAS BEEN DONE. BY FORCEING ME TO WALK TO SURVIVE! I STILL SLEEP ON AN UPPER BUNK, AFTER REPEATED REQUEST "PLEAS" I WANT A FOOT SPECIALIST AND I WANT A DOCTOR TO LOOK AT MY OUTSIDE RECORDS WHICH EVERY DOCTORS SO FAR HAS REFUSED TO DO! AGAINST DOC. ORDERS, YOU WOULD NOT LOOK AT...

INMATE/PAROLEE'S SIGNATURE [signature]

DATE SIGNED SEPT - 4 - 07

T... MY FEET ... BACK THEN WERE TODDLER ... YEARS LAST TIME...

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST
CDC 1824 (1/95)

REVIEWER'S ACTION

DATE ASSIGNED TO REVIEWER: 9-6-07
DATE DUE: 9-27-07

TYPE OF ADA ISSUE

☐ PROGRAM, SERVICE, OR ACTIVITY ACCESS (Not requiring structural modification)

☒ Auxiliary Aid or Device Requested

☒ Other Referral

☐ PHYSICAL ACCESS (requiring structural modification)

DISCUSSION OF FINDINGS: 9/19/07 seen in clinic for chronic bilat foot & calf pain - feels better with pain meds - was referred to podiatry + has appt. waiting for - I would defer ordering any xrays or MRI to podiatrist.

9-18-07
DATE INMATE/PAROLEE WAS INTERVIEWED

D. James Smith
PERSON WHO CONDUCTED INTERVIEW

DISPOSITION

☐ GRANTED ☐ DENIED ☒ PARTIALLY GRANTED

BASIS OF DECISION: See attached response

NOTE: *If disposition is based upon information provided by other staff or other resources, specify the resource and the information provided. If the request is granted, specify the process by which the modification or accommodation will be provided, with time frames if appropriate.*

DISPOSITION RENDERED BY: (NAME)	TITLE	INSTITUTION/FACILITY
C Collier	MAC	CMF

APPROVAL

ASSOCIATE WARDEN'S SIGNATURE

DATE SIGNED: 10/17/07

DATE RETURNED TO INMATE/PAROLEE: 4/28/08

9A

Boewe
V45728

APPEAL LOG #CIM-M-07-1378

Partially Granted

You submitted an ADA appeal requesting orthotic shoes, an MRI, and an evaluation by a foot specialist. On 9-18-07, Dr. Smith examined and interviewed you regarding your appeal issues. Medication was ordered and you were informed a referral to Podiatry had been submitted. The decision regarding MRI and shoes was deferred to the Podiatrist. You were notified your appeal was placed in SUSPEND status pending the Podiatry evaluation.

Review of your Unit Health Records shows that you were issued crutches and an ace wrap for your ankle on 10-4-07. Additionally, medication was prescribed to alleviate foot pain.

Clinic Staff confirmed the podiatrist saw you on 10-17-07. Dr. Schulze prescribed Vitamin B6; however, no recommendation for shoes or an MRI was made. You are to return for a follow-up evaluation at the next clinic. You will be ducated to attend.

C Collier, IMAC
10-17-07

9A

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region 1. _____ 2. _____ Log No. 1. _____ 2. _____ Category _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
BOEWE	V45728		M1 MH 127L

A. Describe Problem: SEE CDC 1824

If you need more space, attach one additional sheet.

B. Action Requested: SEE CDC 1824

Inmate/Parolee Signature: _____ Date Submitted: _____

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: SEE CDC 1824

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

SEE CDC 1824

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

Interviewed by: SEE CDC 1824

Staff Signature: _____ Title: _____ Date Completed: _____

Division Head Approved: Returned

Signature: _____ Title: _____ Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

THE FIRST LEVEL OF STAFF RESPONSE ON THE CDC 1824 IS APPRECIATED BUT NOTHING HAS BEEN GRANTED OR RESOLVED. I STILL DO NOT HAVE MY ORTHOTICS OR MY ORTHOPEDIC SHOES. I'VE NEVER RECEIVED A MUCH NEEDED MRI AND/OR WEIGHT BEARING X-RAY. I AM IN CONSTANT CHRONIC PAIN AND I CAN →

Signature: [redacted] Date Submitted: 11 MAY 08

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

☐ See Attached Letter

Signature: _____ Date Completed: _____

Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

☐ See Attached Letter

Date: _____

CDC 602 (12/87)

CONTINUATION SHEET SECTION F for APPEAL dated 11 MAY 08:

→ ~~BARELY~~ MANUEVER ON CRUTCHES AND I NEED MEDICAL CARE FOR WHAT HAS been diagnosed as PLANTAR FACIATIS. THE denial OF MEDICAL CARE in regard TO THIS diagnoses HAS CAUSED PERMANENT DAMAGE NOW TO MY feet. I FEAR MY ACHES WILL fall SOON AS MY OUTSIDE PERSONAL doctor ~~SAYS~~ WOULD HAPPEN IF I did NOT USE ORTHOTICS AND/OR ORTHOPEDIC SHOES. PRESCRIBING VITAMINS FOR MY CONDITION IS WHAT I HAVE TO CALL A MISJUDGMENT OR error ON THE doctors PART OR THE podiatrist's PART WHO ~~SEEN~~ SEEN ME ON 17 OCT 07. I NEED THE SHOES/ORTHOTICS AND MRI, SO for THE doctor to deny THIS is A denial OF MEDICAL CARE for MY Condition WHICH HAS NOW CAUSED PERMANENT DAMAGE TO MY FEET AND UNBEATABLE PAIN. THE NOTICE OF SUSPEND STATUS dated 19 SEPT 07 STATES THE Appeals Coordinator WOULD let ME KNOW OF THE NEW DUE DATE FOR THIS APPEAL, I NEVER RECEIVED THAT NOTIFICATION. ALSO, THE NOTICE OF SUSPEND STATUS STATES I WOULD RECEIVE VERIFICATION OF A disability, I did NOT RECEIVE THAT VERIFICATION SO I do NOT SEE ANYTHING AS being PARTIALLY granted. ALSO, it took 6 Months for THIS APPEAL TO be returned TO ME. PLEASE help ME with THE MEDICAL CARE I NEED.

~~Respectfully~~ Submitted.

9A

INMATE CDC1824 APPEAL
NOTICE OF SUSPEND STATUS

Date: 9-19-07

Name: BOEWE CDC#: V45728

Appeal Log #: CIM-M-07-1378 . Orig. Due Date 9-27-07.

You have submitted a CDC1824 Inmate/Parolee Request for Reasonable Accommodation. Per the Armstrong Remedial Plan Section I.23.C - Medical Verification Process, appeal time limits have been suspended. The original due date is no longer valid for this appeal and will be recalculated after your consultation takes place. You will receive notice from the Institutions Appeals Coordinator of the new due date. Your treating physician has referred you to an expert consultant for:

☒ Verification of disability and/or need of requested device (ORTHOTIC FOOTWEAR).

☐ Identification of associated limitation(s).

For evaluation with the **PODIATRY** specialist.

☒ at CIM-MSF Consult Clinic on or about **4-6 WEEKS** .

☐ at Riverside Regional Medical Center (RCRMC) - Due to security reasons, dates for outside appointments cannot be given.

Please be advised that referrals to specialists for on-site care are made in order of receipt and are held in the CIM MSF Consult Clinic. Off-site expert consultations are scheduled through the Off Reservation Medical Detail (ORMD) desk in coordination with Riverside County Regional Medical Center (RCRMC). Appointments are determined by RCRMC not CIM.

You are expected to cooperate with all efforts to verify your claimed disability. Your failure to cooperate will result in your appeal being cancelled. The rule governing this is Title 15, Section 3084.4 (d) - Lack of Cooperation.

COMMENTS: YOUR REFERRAL HAS BEEN SUBMITTED. YOU WILL BE SCHEDULED TO ATTEND THE NEXT PODIATRY CLINIC AND DUCATED ONE DAY PRIOR TO YOUR APPOINTMENT. DR. SMITH HAS DEFERRED THE X-RAY/MRI DECISION TO THE PODIATRIST.

C. Collier

C. Collier
Medical Appeals Analyst
California Institution for Men

Orig. Inmate

cc: Inst. Appeals Coordinator
Medical Appeals Analyst

28 SEPT 07

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INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region 1. _____ 2. _____ Log No. 1. _____ 2. _____ Category _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
DALE BOEWE	V45728	PORTER REDWOOD	113 LOW

A. Describe Problem: D. IM WITHOUT ORTHODICS AND IM ASKED TO WALK AND WALK ON MY FEET WHEN IS IT EXTREMELEY PAINFUL, IVE YET TO SEE PODIATRIST AS ORDERED BY DOCTOR! IVE ASKED FOR CRUTCHES INSTEAD OF CANE, AS I DID GET AN ORDER OF DISABILI BUT STILL NOTHING HAS CHANGED" IT IS EXTREMELEY DAMAGEING TO MY FEET, AND PAIN FULL TO WALK ANY DISTANCE. AND YET IM EXPECTED TO WALK LO DISTANCES ON CONCRETE, TO GET MEDICATION, OR SEEK MEDICAL ATTENTIO AND EVEN WORSE, "TO EAT TO SURVIVE". DAMAGE TO MY FEET HAS ALREA TAKEN PLACE, I NEED TO SEE A PODIATRIST, NEED MRI TO SEE WHATS HAPPE

If you need more space, attach one additional sheet.

B. Action Requested: WHAT IVE ASKED FOR SINCE DAY ONE REPEATEDLY! ORTHODICS, THERAPY NOW, BECAUSE CONDITION IS CHRONIC! WRAPS, NOT JUST PAIN MEDICATION! THE SAME CARE I WOULD GET ON THE OUTSIDE! IVE TOLD EVERY FACILITY TO CHECK WITH MY OUTSIDE DOCTORS TO NO AVAIL....

Inmate/Parolee Signature: Dale Boewe Date Submitted: SEPT-28-07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region 1. _____ 2. _____ Log No. 1. _____ 2. _____ Category _____

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NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
DALE BOEWE	V45728	PORTER	REDWOOD 113L

A. Describe Problem: 1) I NEED TO SEE PODIATRISTS! BEEN TRYING TO GET HELP FOR OVER 6 MONTH NEED TO GET CRUTCHES INSTEAD OF CANE! I'M GETTING IN TROUBLE BECAUSE I'M MISSING my MEDICATION! 2) DOCTOR SAID TO QUIT TB MEDS UNTIL WE SEE IF THE PRISON JAIL SYSTEM HAS MESSED UP 11 DESTROYED my LIVER; ALSO - IT HURTS TO WALK- I'VE SAID THIS ALL ALONG! So WHAT HAPPENS - THE MEDICAL SYSTEM SETS IT UP SO I HAVE TO WALK 98 STEPS EACH WAY - JUST TO GET PAIN MEDICATION 11 NOT THERAPY - ORTHOTICS - WRAPS - ICE 11! THE NURSE WASN'T EVEN SURE ABOUT TB TESTS!

If you need more space, attach one additional sheet.

B. Action Requested: SECOND TB TEST TO CONFIRM! ORTHOTICS - THERAPY - MAKE IT AVAILIBLE WITHOUT PAIN OR CAUSING MORE DAMAGE!

Inmate/Parolee Signature: _____ Date Submitted: _____

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region 1. _____ 2. _____ Log No. 1. _____ 2. _____ Category _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
DALE BOEWE	V45728	NOW "BUILDING MAITNANCE	REDWOOD 113L

A. Describe Problem: I HAVE A CHRONIC (FOOT, LEG, CONDITION WHICH HAS BECOME CHRONIC AND SEVERELY PAINFUL BECAUSE OF IMPROPER, LACK OF MEDICAL ATTENTION, MISS DIAGNOSIS, UNDERSTAFFING, OVER CROWDING. NOW, I'VE BEEN WAITING TO SEE A FOOT SPECIALIST FOR 2 MONTHS, NOW, INSTEAD OF MEDICAL NEEDS ADDRESS YOU GIVE ME A JOB THAT NOT ONLY WILL WORSEN MY CONDITION, BUT IS MORE OR LESS TORTURE, EVEN JUST TO HOBBLE OVER THERE, SEE, I FINALLY GOT MY CRUTCHES AFTER 7 MONTHS OF REPEATED PLEAS, BUT I CAN'T HAVE CRUTCHES AT THIS JOB "BUILDING MAINTNANCE" DOES ANY BODY READ MY REQUEST, I'VE ONLY GOTTEN A FEW RESPONSES.

If you need more space, attach one additional sheet.

B. Action Requested: THERAPY - PROPER MEDICAL ATTENTION) - FOOT SPECIALIST, ORTHODIC EXACTLY WHAT THE OUTSIDE PROFFESIONALS (DOCTORS, PODIATRISTS HAVE DON BEFORE, I HAD MY RECORDS MAILED HERE, BUT NO - ONE WILL LOOK.... I'M ABOUT TO GIVE UP, I HAVE NERVE BREAKDOWN.

Inmate/Parolee Signature: _____ Date Submitted: _____

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

OCT 07 98

CDC 602 INMATE APPEALS SCREENING FORM

To: Brown, D.	CDC #: V-45728	Housing: M-RHB W-12L	Appeal Log#:

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

☐ The action or decision you are appealing is not within the jurisdiction of CDC. (CCR 3084.3(c)(1). ☐ Effective May 1, 2004, the BPH 1040 appeal process is no longer utilized. Issues concerning due process, grant or denial of parole, parole revocation, attorney or witness requests, early discharge, or good cause findings for hearings cannot be appealed. These types of appeal issues may now be forwarded to the courts asking them to change the BPH action or decision. ☐ Issue(s) concerning BPH clerical mistakes, mandatory discharge, credit eligibility during revocation terms, or other BPH rules of law may be addressed via a letter to the BPH Quality Control Unit, PO Box 4036, Sacramento, CA 95812-4036 ☐ You may submit a *GA-22 Request for Interview Form* to the BPH Trailers at the RCE Facility.

☑ You have already submitted an appeal on this same issue. CCR 3084.3(c)(2). ADA # CIM-M-07-0135[redacted]78

☐ You cannot appeal an anticipated action or decision not yet taken. CCR 3084.3(c)(3)

☐ You have not attempted to resolve your grievance at the Informal Level. CCR 3084.3(c)(4). Contact the following staff:

☐ *Counselor* ☐ *Work Supervisor* ☐ *Records Office* ☐ *Receiving & Release* ☐ *Trust Office* ☐ *Education*
☐ *Unit Sergeant/Lieutenant* ☐ *I/M Assignment Office* ☐ *Employee who inventoried property* ☐ *Other:* _____

☐ You have not adequately completed your appeal and/or attached the necessary supporting documents. CCR 3084.3(c)(5). Complete and return the following document(s):

☐ *Completed CDC-115, CDC-115A, CDC-115C, I.E. Report* ☐ *CDC-7250 Sobriety Report* ☐ *All CDC-837 Incident Reports*
☐ *Lab Reports* ☐ *CDC-7219 Medical Report* ☐ *CDC-114D Ad-Seg Order* ☐ *CDC-128G ICC/UCC Action* ☐ *Current Trust Statement*
☐ *Property Inventory Sheet* ☐ *Receipt for property* ☐ *CDC-128A Counseling Chrono/128B General/128C Med/Psych/Dental*
☐ *CDC-7362 (Health Care Request) & Trust statement with co-pay charge* ☐ *CDC-128G Classification Chrono*
☐ *CDC Form 1858 Rights & Responsibilities* ☐ *Complete/Sign/Date the CDC-602*
☐ *Other* _____

☐ You failed to file your appeal within 15 working days of the event or decision. The appeal is rejected. CCR 3084.3(c)(6)

☐ This issue has been addressed already. See attached correspondence. CCR 3084.2(g)

☐ You are abusing the appeal process. Your appeal is therefore rejected/cancelled. CCR 3084.3(8)

☐ *Excessive filing CCR 3084.4(a)* ☐ *Inappropriate statements CCR 3084.4(b)* ☐ *Excessive verbiage CCR 3084.4(c)*
☐ *Voluminous unrelated documentation, CCR 3084.3 (c)(8)* ☐ *Lack of cooperation CCR 3084.4(d)*

☐ You are not authorized to submit an appeal on behalf of another inmate(s). CCR 3084.3(c)(7)

☐ This appeal was resolved at a lower level. If you disagreed with the decision, you had 15 working days from when you received your appeal to file at a higher level. CCR 3084.6(c)

☐ Submit your request on a CDC-7362 (Health Service Form) and send it to the Medical Department for an appointment.

☐ A limit of one continuation page, front and back, may be attached to the appeal to describe the problem and action requested in section A and B of the form. CCR 3084.2(a)(1)

☐ You have failed to demonstrate an adverse effect on your welfare. CCR 3084.1(a)

☐ Remark(s) _____

CIM

☐ **Please correct the indicated problems and return your appeal.**

Note: Failure to follow instruction(s) given by Appeals Staff will be viewed as a lack of cooperation on your part and your appeal will be cancelled pursuant to CCR 3084.4(d). This screening decision may not be appealed unless you allege the above reason is inaccurate. In such a case, please return this form to the Appeals Coordinator with the necessary information. You have 15 days to comply with any of the above directives. CCR 3084.3(c)(6)

Screened Out #: _____ Date: OCT 10 2007

B. LeMaster, CC-II
Appeals Coordinator
CIM-MSF and Reception Centers

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region — Log No. — Category

CTM — 1. _____ — 1. _____

_____ — 2. _____

OCT 10 2007

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
DALE J BOEWE	V45728	PORTER	REDWOOD 113 LO

A. Describe Problem: I NEED A PODIATRIST; BEEN GROWING OVER GROWTHS, NEED CRUTCHES BECAUSE OF THE DISTANCE I HAVE TO TRAVEL FOR HELP! MISSING MEDICATION AS IT IS VERY PAINFUL TO GET THERE! D. DOCTOR SAID QUIT TIS MEDS UNTILL WE'LL SEE IF THE PRISON SYSTEM HAS MESSED UP MY LIVER; ITS HURTS TO WALK AS DOC SAID ALL ALONG SO WHAT HAPPENS - THE MEDICAL SYSTEM SETS IT UP SO I HAVE TO WALK MORE (987 STEPS EACH WAY) TO RECEIVE MEDICAL CARE - AND THAT'S JUST FOR PAIN MEDICATION! NOT THERAPY - JUST PROLONGING THE REAL PROBLEM AND MAKING IT WORSE!

If you need more space, attach one additional sheet.

B. Action Requested: PODIATRIST; CRUTCHES; NKO DELIVERED! PROPER MEDICAL ATTENTION!

Inmate/Parolee Signature: _____ Date Submitted: 9-13-07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

YES - I'VE ASKED PLEADED, BEGGED, SENT IN 602S, EXERTING POSSIBLE TO GET HELP, "THAT IS MEDICAL-LEG NEEDED! ORTHOTICS, I WAS LIED TO ON OCT-17TH 07, BY PODIATRISTS WAS TOLD THE PRISON SYSTEM DOES NOT HANDLE ORTHOTICS AT ALL! LIE - I KNOW SOMEONE WHO HAD THEM BUILT FOR HIM IN PRISON,

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____

THAT'S HOW IMPORTANT IT IS TO HAVE THEM! _____ OCT-19-07 "LIARS"

5

CDC 602 INMATE APPEALS SCREENING FORM

To: Bowles P.	CDC #: V-45728	Housing: MIRHBW113L	Appeal Log#:

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

☐ The action or decision you are appealing is not within the jurisdiction of CDC. (CCR 3084.3(c)(1). ☐ Effective May 1, 2004, the BPH 1040 appeal process is no longer utilized. Issues concerning due process, grant or denial of parole, parole revocation, attorney or witness requests, early discharge, or good cause findings for hearings cannot be appealed. These types of appeal issues may now be forwarded to the courts asking them to change the BPH action or decision. ☐ Issue(s) concerning BPH clerical mistakes, mandatory discharge, credit eligibility during revocation terms, or other BPH rules of law may be addressed via a letter to the BPH Quality Control Unit, PO Box 4036, Sacramento, CA 95812-4036 ☐ You may submit a *GA-22 Request for Interview Form* to the BPH Trailers at the RCE Facility.

☒ You have already submitted an appeal on this same issue. CCR 3084.3(c)(2). ADA #07-01378 @ 1st Level

☐ You cannot appeal an anticipated action or decision not yet taken. CCR 3084.3(c)(3)

☐ You have not attempted to resolve your grievance at the Informal Level. CCR 3084.3(c)(4). Contact the following staff:

☐ *Counselor* ☐ *Work Supervisor* ☐ *Records Office* ☐ *Receiving & Release* ☐ *Trust Office* ☐ *Education*
☐ *Unit Sergeant/Lieutenant* ☐ *I/M Assignment Office* ☐ *Employee who inventoried property* ☐ *Other:* _____

☐ You have not adequately completed your appeal and/or attached the necessary supporting documents. CCR 3084.3(c)(5). Complete and return the following document(s):

☐ *Completed CDC-115, CDC-115A, CDC-115C, I.E. Report* ☐ *CDC-7250 Sobriety Report* ☐ *All CDC-837 Incident Reports*
☐ *Lab Reports* ☐ *CDC-7219 Medical Report* ☐ *CDC-114D Ad-Seg Order* ☐ *CDC-128G ICC/UCC Action* ☐ *Current Trust Statement*
☐ *Property Inventory Sheet* ☐ *Receipt for property* ☐ *CDC-128A Counseling Chrono/128B General/128C Med/Psych/Dental*
☐ *CDC-7362 (Health Care Request) & Trust statement with co-pay charge* ☐ *CDC-128G Classification Chrono*
☐ *CDC Form 1858 Rights & Responsibilities* ☐ *Complete/Sign/Date the CDC-602*
☐ *Other* _____

☐ You failed to file your appeal within 15 working days of the event or decision. The appeal is rejected. CCR 3084.3(c)(6)

☐ This issue has been addressed already. See attached correspondence. CCR 3084.2(g)

☐ You are abusing the appeal process. Your appeal is therefore rejected/cancelled. CCR 3084.3(8)

☐ *Excessive filing CCR 3084.4(a)* ☐ *Inappropriate statements CCR 3084.4(b)* ☐ *Excessive verbiage CCR 3084.4(c)*
☐ *Voluminous unrelated documentation, CCR 3084.3 (c)(8)* ☐ *Lack of cooperation CCR 3084.4(d)*

☐ You are not authorized to submit an appeal on behalf of another inmate(s). CCR 3084.3(c)(7)

☐ This appeal was resolved at a lower level. If you disagreed with the decision, you had 15 working days from when you received your appeal to file at a higher level. CCR 3084.6(c)

☐ Submit your request on a CDC-7362 (Health Service Form) and send it to the Medical Department for an appointment.

☐ A limit of one continuation page, front and back, may be attached to the appeal to describe the problem and action requested in section A and B of the form. CCR 3084.2(a)(1)

☐ You have failed to demonstrate an adverse effect on your welfare. CCR 3084.1(a)

☐ Remark(s) _____

CIM

☐ **Please correct the indicated problems and return your appeal.** Screened Out # Date: OCT 18 2007

Note: Failure to follow instruction(s) given by Appeals Staff will be viewed as a lack of cooperation on your part and your appeal will be cancelled pursuant to CCR 3084.4(d). This screening decision may not be appealed unless you allege the above reason is inaccurate. In such a case, please return this form to the Appeals Coordinator with the necessary information. You have 15 days to comply with any of the above directives. CCR 3084.3(c)(6)

Appeals Coordinator
CIM-MSF and Reception Centers

DUPLICATE

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

X COMPLAINT ~ BECAUSE NO-ONE SEEMS TO GET AROUND! OCT-15-07 9E

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST

CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY:
		18. ADA

NOTE: **THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES**

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
DALE BOEWE	V45728	PENDING		REDWOOD 113L

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

TORN PLANTAR FACIAS; TORN TENDON! SEVERE PAIN WHEN WALKING, STANDING. GETS WORSE AND WORSE, I'VE TOLD YOU I WILL END UP IN A WHEEL CHAIR!

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

OUTSIDE DOCUMENTS NO ONE IN CALIFORNIA PRISON SYSTEM WILL LOOK AT! EXRAYS - THERAPY ORDERS! ORDERS TO WEAR ORTHODICS, OR I CAN PERMENE-LY DAMAGE MY FEET! WHICH HAS SEEMED TO HAPPEN. " THE CONDITION IS CHRONIC! DR. TAM GLENDORA CALIF, VETERANS HOSPITAL! " PROOF I'M IN SERIOUS NEED OF MEDICAL ATTENTION!

DESCRIBE THE PROBLEM:

TORN TENDONS - BROKEN BONES - I'VE ASKED FOR EXRAYS, I'VE ASKED FOR A FOOT SPECIALIST SINCE DAY ONE! ASK MY OUTSIDE DOCTORS, TAKE SOME EX-RAYS, TEST MY BLOOD SUGAR! I NEED AN MRI! I AM ALMOST BACK TO WHERE I WAS THREE YEARS AGO! "IN A WHEEL CHAIR" AND I HAD WARNED EVERYONE IT WOULD HAPPEN! NOW THERE IS CONSTANT PAIN AND PRESSURE ALL NIGHT LONG! PLUS - WHY DID YOU STOP THE ONLY MEDICATION THAT HELPE

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED? ORTHODICS, THERAPY, SPLINTS ELECTRIC SHOCK, AVAILIBLE FOOD, MEDICATION!

I NEED TO SEE FOOT SPECIALIST "PODIATRISTS" I'VE BEEN FORCED TO WAIT OVER TWO MONTHS NOW! WAITED 5 MONTHS AT LANCASTER! I'VE BEEN IGNORED. GET ME MEDICAL ATTENTION "ORTHODICS"!

Dale Boewe

INMATE/PAROLEE'S SIGNATURE

OCT-14-07

DATE SIGNED

I AM DALE BOEWE'S BUNKIE AT 113 OP ROBERT KROHN, I'VE PERSONALLY WITNESSED M BOEWE TRYING TO GET MEDICAL HELP, I'VE SEEN THE PAIN HE ENDURES TO GET AROUND. I'VE EVEN HAD [illegible] MEDICAL REQUEST FORMS SO HE DIDN'T HAVE TO WALK (GET HELP AT ALL) [illegible]

4 Copy 1 of 2 QE Oct 15-87

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region 1. _____ 2. _____ Log No. 1. _____ 2. _____ Category _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
DALE BOWLE	V45728	N/A	REDWOOD 113 Low

A. Describe Problem: SAME AS BEFORE, I NEED A FOOT SPECIALIST, PAIN IS NOW CHRONIC AND MUCH WORSE, LIKE I SAID ALL ALONG IT WOULD HAPPEN! NEXT STEP WHEEL CHAIR! IM TIRED OF PLEADING! NEED PODIATRIST, QUALIFIED SPECIALISTS WENT THROUGH THIS THREE YEARS AGO, THIS COULD HAVE BEEN PREVENTED WITH PROPER MEDICAL CARE IN A TIMELY MANNER!

If you need more space, attach one additional sheet.

B. Action Requested: ORTHODICS, THERAPY - SAME AS BEFORE, IVE WRITTEN SO MUCH, AND MANY TIMES! CHECK YOUR FILES, PROPER MEDICAL ATTENTION, NOT THE RUN AROUND IT'S NOT MY FAULT YOU RUN UNDERSTAFFED AND OVERCROWDED, WHICH THE NURSES AND DOCTORS TELL ME!

Inmate/Parolee Signature: _____ Date Submitted: _____

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

5 Copy for CIM 9E

CIM
OCT 18 2007
S/O DUPL.
*AC CALLED 2/QUINT @ REDWOOD WHO ADVISED I/M HAS NO OBVIOUS MOBILITY PI

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region 1. _____ Log No. DUPLICATE Category 1. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
VALE BOEWE	V45728	N/A	REDWOOD 113 LOW

A. Describe Problem: SAME AS BEFORE, I NEED A FOOT SPECIALIST, PAIN IS NOW CHRONIC AND WORSE, LIKE I SAID ALL ALONG WOULD HAPPEN! NEXT STEP WHEELCHAIR I'M TIRED OF PLEADING. NEED PODIATRIST! QUALIFIED SPECIALISTS WENT THROUGH THIS THREE YEARS AGO! THIS COULD OF BEEN PREVENTED WITH PROPER MEDICAL CARE IN A TIMELY MANNER!

DUPLICATE

If you need more space, attach one additional sheet.

B. Action Requested: ORTHODICS THERAPY - SAME AS BEFORE, I'VE WRITTEN SO MUCH, AND MANY TIMES, CHECK YOUR F/ILES!!! "PROPER MEDICAL ATTENTION". NOT THE RUNAROUND IT'S NOT MY FAULT YOUR UNDERSTAFFED! OVERCROWDED... WHICH THE NURSES AND DOCTORS SAY!

Inmate/Parolee Signature: _____ Date Submitted: OCT-15-07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

DUPLICATE

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

IX-OCT-07 CIM

CDC-1824 ADA APPEAL SCREENING FORM

To: Bowie, D	CDC #: V-45728	Housing: MRHBW 113L	Appeal Log#:

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

☐ The action or decision you are appealing is not within the jurisdiction of CDC. (CCR 3084.3(c)(1). ☐ Effective May 1, 2004, the BPH 1040 appeal process is no longer utilized. Issues concerning due process, grant or denial of parole, parole revocation, attorney or witness requests, early discharge, or good cause findings for hearings cannot be appealed. These types of appeal issues may now be forwarded to the court asking them to change the BPH action or decision. ☐ Issues concerning BPH clerical mistakes, mandatory discharge, credit eligibility during revocation terms, or other BPH rules of law may be addressed via a letter addressed to the BPH Quality Control Unit, PO Box 4036, Sacramento, CA. 95812-4036.

☐ If the issue is related to a disability before, during, or after the hearing you may file a grievance on a BPH 1074 to the Chief Deputy Commissioner. (ARP §IV.J)

☑ You have already submitted an appeal on this same issue. CCR 3084.3(c)(2). Refer to Log# 07-01378 (1st Level)

☐ In your appeal, you are requesting a transfer solely for medical treatment. This request is a non-Americans with Disabilities Act issue; therefore, your appeal was recategorized as a CDC-602 Inmate/Parolee Appeal Form. (ARP §IV.23.b).

☐ In your appeal, you are complaining about pain and requesting medical treatment with no indication that program access is denied or impeded. This request is a non-Americans with Disabilities Act issue; therefore your appeal was recategorized as a CDC-602 Inmate/Parolee Appeal Form. ARP §IV.23.b).

☐ In your appeal, you do not allege that you have a disability that substantially limits a major life activity as defined in the Armstrong Remedial Plan. This request is a non-Americans with Disabilities Act issue; therefore, your appeal was recategorized as a CDC-602 Inmate/Parolee Appeal Form. ARP §IV.23.b).

☐ You are requesting a Second Level review. However, you have not adequately explained your dissatisfaction with the First Level review. Pursuant to the Armstrong Remedial Plan, you must explain your dissatisfaction with the First Level Response and suggest an appropriate resolution. (ARP §IV.23.e).

☐ Your appeal includes both Americans with Disabilities Act (ADA) and non-ADA issues. Staff shall address your ADA issue(s) only. Your non-ADA issue(s) may be recorded on a CDC-602 Inmate/Parolee Appeal Form. ARP §IV.23.b).

☐ You are requesting a Second Level review. However, you failed to submit the appeal within 15 working days of receipt of the First Level decision by the Division Head. Therefore, your appeal is rejected. (ARP §IV.23.e / CCR 3084.3(c)(6)).

☐ You have inadequately completed the CDC Form 1824 or 602 (e.g., no signature, section incomplete, missing appeal attachments etc). Correct the missing information and forward the appeal back to the Appeal Coordinator's Office. (CCR 3084.3(c)(5)).

☐ You are requesting extended Reception Center (RC) stay credits, however, you have not been in the RC for more than 60 days. Therefore your appeal is rejected. If you have a disability that impacts placement (CDC 1845 Section C) or undergoing dialysis treatment and still in the RC more than 60 days you may file another appeal. (ARP §III.A / CCR 3084.3(c)(3)).

☐ Remark(s)

☐ **Please correct the indicated problems and return your appeal.**

Note: Failure to follow instruction(s) will be reviewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed unless you allege the above reason(s) are inaccurate. In such a case, please return this form to the Appeals Coordinator with the necessary information. You have only 15 days to comply with any of the above directives. (CCR 3084.3(c)(6) / 3084.6(c)).

Number of Times Screened Out

CIM

OCT 18 2007

Appeals Coordinator Date: _____
CIM-MSF and Reception Centers

DUPLICATE

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE !

cc: Inmate
Appeal Attachment
Appeal Office

Copy of Exhibit E

STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST
CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY:
		18. ADA

NOTE: **THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES**

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
DALE BOWE	V45928	N/A		Redwood 113 Low

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:
PLANTAR FASCIAS - NEUROPATHY - TORN TENDONS/BONE?

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?
DOCTORS AT VETERANS HOSPITAL, DR TAM, ROUTE 66, HENDORA, CA, 91740. DR SMITH HERE AT CTF NOW! X-RAYS -

DESCRIBE THE PROBLEM:
UNSURE NOW - GOTTEN BAD! CHRONIC!

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?
AS I STATED FROM THE START - ORTHODICS, SPLINTS, THERAPY - IF THESE CANNOT BE SUPPLIED AT THIS FACILITY I SHOULD BY LAW NOT BE HERE!

I WAS TOLD BY ON SITE PODIATRIST C/S/PRISON DOES NOT PROVIDE ORTHO! THAT'S A LIE! I KNOW SOMEONE WHO GOT THEM

INMATE/PAROLEE'S SIGNATURE

DATE SIGNED

STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST
CDC 1824 (1/95)

DUPLICATE

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY:
		18 ADA

CIM
S/O DUPL. 137E
OCT 18 2007

NOTE: **THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES**

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

* AC CALLED C/O WHO STATED HIM WAS A PORTER & GOT AROUND W/ NO PROBLEMS, NO CANE, ETC

INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
DALE BOWE	V45728	N/A		REDWOOD 113 LOW

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:
TORN TENDONS, STRESS FRACTURE, SEVERE PAIN WHEN WALKING, STANDING, NOW EVEN AT REST "WHICH I'VE STATED ALL ALONG WOULD HAPPEN! "ALL END UP IN WHEELCHAIR"

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?
OUTSIDE DOCUMENTS THAT NO ONE IN CALIFORNIA PRISON SYSTEM WILL LOOK AT! X-RAYS - THERAPY ORDERS, ORDERS TO WEAR ORTHOTICS, OR I CAN PERMANENTLY DAMAGE MY FEET, LEGS! WHICH IS HAPPENING, THIS CONDITION IS NOW CHRONIC. I CAN OR I AM, VETERANS HOSPITAL PROOF IS RIGHT THERE!

DUPLICATE

DESCRIBE THE PROBLEM:
TORN TENDONS - STRESS FRACTURE, NO TELLING HOW, I'VE ASKED FOR A FOOT SPECIALIST SINCE I'VE ARRIVED HERE! BUT IT'S THE SAME AS IT WAS AT LANCASTER, EMPTY PROMISES I'M ABOUT IN THE SAME CONDITION NOW" I WAS IN THREE YEARS AGO WHEN I WAS IN A WHEEL CHAIR. IT TOOK A YEAR OF THERAPY TO GET ME BACK ON MY FEET! AND I WARNED EVERYONE THIS WOULD HAPPEN! NOW THE PAIN AND PRESSURE IS ALL RIGHT LONG! ALL I GET IS "OH WELL - WE ARE TO BUSY "BULL CRAP", WRONG

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

DUPLICATE

FIRST OF WHAT I'VE STATED ALL ALONG, ORTHOTICS! BUT NOW IT'S A LONG ROAD EVEN WITH THEM - I'VE WAITED, AND WAITED FOR A FOOT SPECIALIST, SO I'VE WALKED AND WALKED TO SURVIVE!
WHAT I'VE ALWAYS REQUESTED, MY MEDICAL NEEDS! PODIATRIC

Dale

INMATE/PAROLEE'S SIGNATURE — DATE SIGNED: OCT-15-07

I AM DALE BOWES BUNKIE AT 113UP ROBERT KROHN, I'VE PERSONALLY WITNESSED MR BOWE STRUGGLE TO GET HELP! STRUGGLE TO MOVE AROUND!, I'VE WITNESSED HIS PAIN, I'VE DROPPED IN NUMEROUS REQUEST FOR HELP FOR MR BOWE HE'S STILL SUFFERING! D. ROBERTS

CDC-1824 ADA APPEAL SCREENING FORM

To:	CDC #:	Housing:	Appeal Log#:
BOEWE, D.	V-45728	MIRAB W113L	

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

☐ The action or decision you are appealing is not within the jurisdiction of CDC. (CCR 3084.3(c)(1). ☐ Effective May 1, 2004, the BPH 1040 appeal process is no longer utilized. Issues concerning due process, grant or denial of parole, parole revocation, attorney or witness requests, early discharge, or good cause findings for hearings cannot be appealed. These types of appeal issues may now be forwarded to the court asking them to change the BPH action or decision. ☐ Issues concerning BPH clerical mistakes, mandatory discharge, credit eligibility during revocation terms, or other BPH rules of law may be addressed via a letter addressed to the BPH Quality Control Unit, PO Box 4036, Sacramento, CA. 95812-4036.

☐ If the issue is related to a disability before, during, or after the hearing you may file a grievance on a BPH 1074 to the Chief Deputy Commissioner. (ARP §IV.J)

☑ You have already submitted an appeal on this same issue. CCR 3084.3(c)(2). Refer to Log# CIM-M-07-01378

☐ In your appeal, you are requesting a transfer solely for medical treatment. This request is a non-Americans with Disabilities Act issue; therefore, your appeal was recategorized as a CDC-602 Inmate/Parolee Appeal Form. (ARP §IV.23.b).

☐ In your appeal, you are complaining about pain and requesting medical treatment with no indication that program access is denied or impeded. This request is a non-Americans with Disabilities Act issue; therefore your appeal was recategorized as a CDC-602 Inmate/Parolee Appeal Form. ARP §IV.23.b).

☐ In your appeal, you do not allege that you have a disability that substantially limits a major life activity as defined in the Armstrong Remedial Plan. This request is a non-Americans with Disabilities Act issue; therefore, your appeal was recategorized as a CDC-602 Inmate/Parolee Appeal Form. ARP §IV.23.b).

☐ You are requesting a Second Level review. However, you have not adequately explained your dissatisfaction with the First Level review. Pursuant to the Armstrong Remedial Plan, you must explain your dissatisfaction with the First Level Response and suggest an appropriate resolution. (ARP §IV.23.e).

☐ Your appeal includes both Americans with Disabilities Act (ADA) and non-ADA issues. Staff shall address your ADA issue(s) only. Your non-ADA issue(s) may be recorded on a CDC-602 Inmate/Parolee Appeal Form. ARP §IV.23.b).

☐ You are requesting a Second Level review. However, you failed to submit the appeal within 15 working days of receipt of the First Level decision by the Division Head. Therefore, your appeal is rejected. (ARP §IV.23.e / CCR 3084.3(c)(6)).

☐ You have inadequately completed the CDC Form 1824 or 602 (e.g., no signature, section incomplete, missing appeal attachments etc). Correct the missing information and forward the appeal back to the Appeal Coordinator's Office. (CCR 3084.3(c)(5)).

☐ You are requesting extended Reception Center (RC) stay credits, however, you have not been in the RC for more than 60 days. Therefore your appeal is rejected. If you have a disability that impacts placement (CDC 1845 Section C) or undergoing dialysis treatment and still in the RC more than 60 days you may file another appeal. (ARP §III.A / CCR 3084.3(c)(3)).

☑ Remark(s) IF YOU ARE DISSATISFIED WITH THE RESPONSE TO ADA REQUEST #07-01378 YOU MAY SUBMIT TO THE APPEAL (ORIGINAL) TO THIS OFFICE FOR 2ND LEVEL CONSIDERATION. #07-01378 WAS COMPLETED ON 10/22/07.

☐ **Please correct the indicated problems and return your appeal.**

Number of Times Screened Out

Note: Failure to follow instruction(s) will be reviewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed unless you allege the above reason(s) are inaccurate. In such a case, please return this form to the Appeals Coordinator with the necessary information. You have only 15 days to comply with any of the above directives. (CCR 3084.3(c)(6) / 3084.6(c)).

CIM

Appeals Coordinator Date: OCT 23 2007
CIM-MSF and Reception Centers

DUPLICATE

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE!

cc: Inmate
Appeal Attachment
Appeal Office

STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST

CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY:
	DUPLICATE	18. ADA

CIM OCT 23 2007

NOTE: **THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES**

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
DALE BOEWE	V45728	PEWD.W6		REDWOOD 113C

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MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

PLANTAR FACIAS/TORN TEND/DEFORMITY!?

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

MRI'S/X RAYS/DOCTORS ORDERS!

DUPLICATE

DESCRIBE THE PROBLEM:

MY ORTHODICS WERE TAKEN AWAY- THE PODIATRIST HERE SAID THAT CALIFORN. STATE PRISON SYSTEM DOES NOT PROVIDE INMATES WITH ORTHODICS! "NO MATTER WHAT"... NO THERAPY AVAILIBLE? IS THIS A TRUE STATEMENT?

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

MY MEDICAL NEEDS ORTHODICS FOR MY FEET

DUPLICATE

Dale Boewe — Oct-21-07

INMATE/PAROLEE'S SIGNATURE — DATE SIGNED

Copy 1 of 2 Nov-21-07 9H 8

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region 1. _____ 2. _____ Log No. 1. _____ 2. _____ Category _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER

A. Describe Problem: I WAS TOLD THAT ORTHODICS WERE NOT MADE FOR SCUM INMATES. BY DR GHALY! IT IS A LIE "UNTRUTH" I HAVE A WRITE STATEMENT FROM INMATE MIKE CHASSON - WHO HAD THEM MADE FOR HIM - "FEET CASTED AND ALL" DOCTOR MUST HAVE KNOWN HOW IMPORTANT THEY ARE! NOW - I'M TOLD THE PODIATRIST IS SICK AND will BE OUT FOR A FEW MONTHS" THIS IS HORRIBLE! IF SOMEONE IS UNDER YOUR CARE - HELP HAS TO BE AVAILABLE WE BACK UP! B/S.

If you need more space, attach one additional sheet.

B. Action Requested: W PODIATRIST !!

Inmate/Parolee Signature: _____ Date Submitted: _____

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

COPY - 1 OF 2 [illegible] - 07
CHECK DIAGRAM ON BACK 9I 8.

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST
CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY:
		18. ADA

NOTE: **THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES**

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INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
DALE BOEWE	V45728	N/A	N/A	MAGNOLIA 127L

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MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

CHECK MY OUTSIDE RECORDS, WHICH I'VE TRIED TO SHOW EVERYONE! I'M NOT SUPPOSED TO WALK WITH-OUT ORTHOTICS! YOU'VE FORCED ME TOO!

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

MY OUTSIDE RECORDS, YOUR RECORDS, THE PODIATRIST WHO LIED TO ME TO GET ME OUT OF HIS HAIR, AND NOW QUIT AFTER BEING CALLED BY THE PRISON LAW OFFICE!

DESCRIBE THE PROBLEM:

FOOT COLLAPSE'S WHEN I WALK EACH STEP, PULLING TENDONS, DAMAGEING INTIRE FOOT STRUCTURE! HAS BEEN HURTING FOR 9 MONTHS NOW! DAMAGEING IT! CHRONIC PAIN - NOW THE PAIN COULD EXIST FOR THE REST OF MY LIFE, THANKS

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

DUH! ORTHOTICS - ALSO I'VE BEEN ASKING FOR A MEDICAL MOVE TO BE CLOSER TO FOOD, MEDICATION, HOSPITAL, SO YOU MOVED ME, NOW IT ACTUALLY MAKES THE MANDATORY WALKING I HAVE TO DO, FURTHER!

INMATE/PAROLEE'S SIGNATURE

DATE SIGNED

STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST

CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY:
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INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
DALE BOLLER	V45728			MAGNOLIA HALL

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MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

CHRONIC PAIN - WALKING, STANDING, WAITING IN LINE FOR MEDS, FOR CHOW, ETC. —

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

OTSIDE RECORDS, VETERANS HOSPITAL RECORDS, YOUR RECORDS

DESCRIBE THE PROBLEM:

I HAD OTSIDE INFORMATION SENT IN ABOUT MEDICATION I SHOULD BE TAKING FOR CHRONIC PAIN; DR SMITH - WHO BY THE WAY, IS THE ONLY DOCTOR WHO TRULY HELPS PEOPLE HERE, INFORMED ME HIS HANDS ARE TIED, CALIF. STATE PRISON SYSTEM MEDICAL WON'T ALLOW IT! SO WHAT I'M HEARING IS CALIF/STATE/MED/SYSTEM IS DENYING ME MEDICATION I NEED.?

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

ORTHOTICS - ORTHOTIC TAPE WRAPS - TO KEEP ARCHES IN PLACE, KEEP FOOT STRUCTURED IN PROPER ALIGNMENT!
THERAPY!

INMATE/PAROLEE'S SIGNATURE

DATE SIGNED

Copy One of Two - Duplicate Copy

I've Not Been Getting Responses! ok

REASON DOCTORS DONT GIVE MEDICAL CARE PROPERLY IS THEY ARE NOT PAID ENOUGH SO

STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST
CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY:
		18. ADA

THEY ARE THE BOTTOM O THE BARREL! WHICH MEANS THEY DON'T GIVE PROPER ATTENTION / CARES

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INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
DALE BOSLEY	V45728	NOTHING PRO	HALO	MAGNOLIA 122L

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MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

You ARE CRIPPLEING ME! SINCE I'VE COME TO CALIF STATE PRISON - YOU'VE MADE ME EXIST IN TOTAL PAIN! TOOK AWAY MY ORTHODIC APPLIANCES! TOTAL BREAKDOWN OF FEET, LOWER LEGS, LOWER BACK AND IS CHRONIC - PERMANENT!

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

LIKE I'VE SAID ALL ALONG - OUTSIDE DOCTORS - DR. SMITH NURSES, XRAYS - OUTSIDE DOCTORS ORDERS - NOW I'M ON CRUTCHES, BY THE TIME I LEAVE HERE YOU WILL PUT ME IN A WHEELCHAIR - WITHOUT THE ORTHODICS - NOW MY ARCHES PROBABLY HAVE FALLEN COMPLETELY! THAT MEANS FOR LIFE!

DESCRIBE THE PROBLEM:

YOUR IDIOT PODIATRISTS DON'T HAVE A CLUE OF WHAT IS GOING ON! IT TOOK TEN MONTHS OF PLEADING TO FINALLY GET XRAYS - AND HE PODIATRIST STILL HASN'T LOOK AT THEM - MY MONEY IS HE DIDN'T (ALL HE TAKES) ABOUT IS HOW FUCKED UP HE GOT OVER THE HOLIDAYS TO NURSES! BOTH ORTHODICS AND PODIATRY HAVE GIVEN TO ME!

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

COME ON! MY ORTHODICS - THERAPY - WRAPS - NIGHT SPLINTS ELECTRIC STIMULATION - ICE - HEAT - MY CONDITION HAS PROGRESSED TO A POINT, WAY WORSE THAN IT WAS THREE YEARS AGO. AND THESE ARE THE THINGS IT TOOK TO GET IT UNDER CONTROL, WHICH CALIF STATE PRISON SYSTEM HAS DESTROYED -

INMATE/PAROLEE'S SIGNATURE

DEC 10 - 08

DATE SIGNED

STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST

CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY:
		18. ADA

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INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
DALE BOEWE	V45728	MED HOLD		MAG HALL 127L

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MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

MORTONS NEUROMA, PLANTAR FASCIA, NERVE DAMAGE, TORN TENDONS - COLLAPSED ARCHES

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

X-RAY - MRIS - VETERANS HOSPITAL RECORDS - YOUR RECORDS - OUTSIDE PODIATRIST! I TOLD DR. HILL ABOUT INITIAL AND DIAGNOSIS FROM VETERANS HOSPITAL IGNORED ME!

DESCRIBE THE PROBLEM: COLLAPSED ARCHES - TORN TENDONS - PLANTAR FASCIA. I'VE WAITED 10 MONTH (IN EXTREME PAIN) - NOW ON CRUTCHES) PLEADING FOR X-RAYS - MRIS, HAVING DOCUMENTATION OF SERIOUSNESS OF PROBLEM - PAPER WORK IGNORED - WITH DR HILL FINALLY - WITH WITNESS HIM "WEDGING" WITH WRENCH THE XRAYS TAKEN WITH PRESSURE ON MY FEET - I TOLD THEM THATS HOW IT'S DONE! IT SHOWS COLLAPSE! JUST (

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED? MY OUTSIDE XRAYS SHOW

ORTHOTICS - INTENSE THERAPY NOW! MRI... TO CHECK THE TEARING IT MAY BE TO LATE: SEVERE PAIN IS CHRONIC NOW - EVEN AT REST THANK-YOU FOR IGNORING ME!

INMATE/PAROLEE'S SIGNATURE

DATE SIGNED

8

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST
CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY:
		18. ADA

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INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
Dale Bowen	V45728	Med Hold		MAG/AN 12...

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MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

Severe Pain - Plantar Fascia's, Nerve Damage, Torn Tendons Collapsed Arches! Severe Pain - Chronic Now!

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

Veterans Hospital Records outside Podiatrists (All that have been allowed to look at (your records now

DESCRIBE THE PROBLEM: I've found a medication for the severe pain I'm now having on my own!
I brought it up to Dr. Smith - He says the State of Calif Medical Hospital the state will not supply it! There is nothing I can do to get it I believe Doctor Smith - So I'm being denied a medication that will ease my pain "you've state of Calif Prison System has caused

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

Proper medication - Orthopedics - Therapy! is fair correct!
To be granted proper medication to ease my pain! The in good conscience medical care needed

INMATE/PAROLEE'S SIGNATURE

DATE SIGNED

STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST

CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY:
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INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
DALE BOEVE	V45728	NCO/HOD		MAG HALL, 127L

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MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

SEVERE PAIN WALKING, STANDING, ON CRUTCHES, COLLAPSED ARCHES, PLANTAR FASCIA, MORTON NEUROMA, NEUROPATHY!,

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

OUTSIDE VETERANS HOSPITAL RECORD, OUT PODIATRISTS RECORDS! (DR. TAM) YOUR RECORDS HERE WITH MY PLEAS FOR MEDICAL ATTENTION!

DESCRIBE THE PROBLEM: CALIF STATE PRISON SYSTEM TOOK AWAY MY ORTHODICS - AFTER PLEADING WITH MEDICAL PERSONAL - "BEGGING" - EXPLAINING THAT IT CAN, will BECOME A CHRONIC, PAINFULL - UNREPAIRABLE CONDITION, THAT I'VE GOT ORDERS FROM OUTSIDE DOCTORS you CAN LOOK AT! IT'S BEEN OVER TEN'S MONTHS AND I'VE STILL NOT BEEN PROVIDED THE MEDICAL APPLIANCES I'VE BEGGED FOR! NOW I'M ON CRUTCHES - IN CHRONIC PAIN, UNTREATED - CAN YOU TELL ME WHY!

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

WHAT I'VE BEEN PLEADING FOR - THE MEDICAL APPLIANCES YOU (CALIF STATE PRISON CAC-CHINO) TOOK FROM ME! "ORTHODICS" ALSO PROPER THERAPY NOW - TO GET FOOT STRUCTURE BACK - IF IT'S EVEN POSSIBLE

Dale Boeve

INMATE/PAROLEE'S SIGNATURE

DATE SIGNED

STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST
CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY:
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DALE BOEWE	V45728	MED/HOLD		MAG/HALL 127a

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MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

PLANTAR FASCIA - MORTON'S NEUROMA, TORN TENDONS, FALLEN ARCHES UNSTRUCTURED FOOT

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

RECORDS AT VETERANS HOSPITAL! OUTSIDE PODIATRIST! YOUR OWN RECORDS

DESCRIBE THE PROBLEM: I'VE BEEN TRYING TO GET MY MEDICAL APPLIANCES (ORTHOTICS) FOR 10 MONTHS AND OVER (EVER SINCE CALIF STATE PRISON SYSTEM TOOK THEM AWAY - NOW I CAN BARELY WALK ON CRUTCHES! I'M CHRONIC PAIN - AND IT COULD BE PERMANENT - CAN YOU EXPLAIN WHY MY PLEAS WEREN'T TAKEN SERIOUSLY - I HAD OUTSIDE DOCUMENTATION - NO ONE WOULD LOOK AT IT! MY ARCH HAS COMPLETELY COLLAPSE "THANK-YOU WHY?

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

WHAT I'VE ASKED FOR FOR 10 MONTHS "ORTHOTICS - "WOW" THERAPY! YOU'VE DAMAGED MY FEET, IT ALSO HAS SPREAD TO LOWER LEGS, LOWER BACK - WHICH ALL ALONG I SAID IT WOULD!

Dale Boewe — Dec 19-08

INMATE/PAROLEE'S SIGNATURE — DATE SIGNED

Dale B — QM 8

STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST

CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY:
		18. ADA

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INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
DALE BOWLES	V45728	MED HOLD		MAC HALL, 127 LO

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MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY: PLANTAR FACIA, BORTON'S NEUROMA, NERVE DAMAGE, TORN TENDONS!
IVE BEEN TRYING 10 MONTHS TO GET ORTHODICS- WHEN I SAW DR GALITSKY THE FIRST PODIATRIST I SAW HERE CHINO, I TOLD HIM I HAVE DOCTORS ORDERS TO NOT WALK WITH-OUT MY ORTHODICS..

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?
VETERANS HOSPITAL OUTSIDE PODIATRIST-XRAYS

DESCRIBE THE PROBLEM: WHEN AFTER WAS TOO MUCH TIME HAD PASSED, IVE BEEN PLEADING WITH CHINO TO GET ME ORTHODICS! IT WILL RUIN MY FEET- AND IT CAN BECOME PERMANENT! NOW HAS- CHRONIC EXTREME PAIN- TOTAL COLLAPSED ARCH! WHEN I SAW DR GALITSKY- HE TOLD ME THAT CHINO CLINIC DOES NOT PROVIDE ORTHODICS. IVE GOT WRITTEN TESTIMONY FROM 2 INMATES WHO GOT THEIR DONE HERE- THE ATTORNEY GENERAL CALLED DR GALITSKY: WAS HE FIRED FOR DENYING ME PROPER MEDICAL "HELP" DID HE RUN CA IT WAS WRONG

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?
WHAT DO YOU THINK "ORTHODICS" NOW EXTENSIVE THERAPY- COULD BE TO LATE!

Dale B
INMATE/PAROLEE'S SIGNATURE

DEC-19-08
DATE SIGNED

COPY 1 OF 2 REQUEST FORM NOT BEING SENT IN" NOR-"HOSPITAL REQUEST" 21 DEC 07

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region 1. _____ 2. _____

Log No. 1. _____ 2. _____

Category 9N 8

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
DALE BOEWE	V45728	CAN'T WORK-CSP HAS CRIPPLED ME!	

A. Describe Problem: FIRST-MY ORTHODICS WERE TAKEN AWAY BY THE CALIFORNIA STATE PRISON SYSTEM! CAUSEING SEVERE PAIN-DAMAGE! SECOND-IT TOOK ME MONTHS AND MONTHS TO SEE FIRST PODIATRISTS "WOULD NOT LOOK AT OUTSIDE RECORDS" PROOF OF CONDITION, EXRAYS TO SHOW FALLEN ARCH! DR GALHY-TOLD ME THE C.S.P. SYSTEM DOES NOT PRAISE ORTHODICS" FOUND OUT ITS A LIE-CONTACTED SAN QUITIN LAW OFFICE "ATTORNEY GENER DR GALHY ALL OF A SUDDEN WAS NO LONGER WORKING AT CHINO CIM. MY CONDITION HAS BEEN CHRONIC FOR "DURATION" "TOOK 2 MONTHS TO SEE NEW PODIATRISTS" HE TOLD ME I COULD NOT HAVE RECORDS SENT BACK IN" FOUND OUT IT WAS ANOTHER LIE" GOT PAPERWORK FROM PRIS MAIN LIBRARY). I HAVE BEEN TOTALLY MESSED UP FORCED WALK TO SURVIVE WITHOUT DOCTOR ORDERED ORTHODICS, PERMANENT DA

If you need more space, attach one additional sheet.

B. Action Requested: LET ME THINK-OH YA-WHAT I DID SAID FROM BEGINNING- MY ORTHODICS, ALSO NOW-SINCE BEING FORCED TO WALK, AND WALK, AND WALK! I NEED THERAPY THAT I WENT THROUGH YEARS AGO TO GET CONDITION UNDER CONTROL! ICE FOR PAIN! HEAT! NIGHT SPLITS! WHIRL POOL-ELECTRIC SHOCK! ANKLE WRAP, TAPED STRO

Inmate/Parolee Signature: DALE B _____ Date Submitted: DEC-21-07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

908

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region 1. _____ 2. _____ Log No. 1. _____ 2. _____ Category _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
DALE BOZWA	V45728	CAN'T WALK - CAN'T WORK	

A. Describe Problem: 1ST PODIATRIST LIED TO ME (CHECK ATTORNEY GENERAL) 2ND PODIATRIST LIED TO ME-OUTSIDE RECORDS-CHANGED MIND-WHEN I SHOWED HIM PAPERWORK FROM PRISON LAW OFFICE (TO GET OUTSIDE RECORDS) THEN TOLD ME IT WOULD TAKE TWO YEARS (LIE AGAIN) I GIVE UP-I'VE BEEN WAITING 10 MONTHS FOR HELP-ALL THE TIME PAIN WORSE AND WORSE TO CHRONIC STAGE! IN MY LAST VISIT ALL THE PODIATRISTS DID WAS TALK TO THE NURSES ABOUT HOW FUCKED UP HE GOT OVER THE HOLIDAYS! I HAD TO TELL HIM I NEED EXRAYS! "EXRAYS WITH WEIGHT ON FEET (WERE NOT TAKEN) TOTALLY RIDICULOUS AND CAUSES ME INCREDIBLE STRESS/PAIN

If you need more space, attach one additional sheet.

B. Action Requested: FIRE HIM TOO! - PUT ME TO SLEEP! WAKE ME UP WHEN IT TIME TO GO HOME SO I CAN GET HELP! SEE ATTACHED PAPER WORK FROM OTHER INMATES!

Inmate/Parolee Signature: I'M PISSED OFF TO HOPELESS. Date Submitted: _____

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

California Institution for Men, Appeals Office — Appeal Screen-Out Form CIM 695 (Rev. 12/22/2004)

CDC 602 INMATE APPEALS SCREENING FORM

To: BRWL, D.	CDC #: V45728	Housing: M1MH127L	Appeal Log#:

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

☐ Action or decision you are appealing is not within the jurisdiction of CDCR. CCR 3084.3(c)(1). ☐ Effective May 1, 2004, the BPH 1040 appeal process is no longer utilized. Issues concerning due process, grant or denial of parole, parole revocation, attorney or witness requests, early discharge, or good cause findings for hearings cannot be appealed. These types of appeal issues may now be forwarded to the courts asking them to change the BPH action or decision. ☐ Issue(s) concerning BPH clerical mistakes, mandatory discharge, credit eligibility during revocation terms, or other BPH rules of law may be addressed via a letter to the BPH Quality Control Unit, PO Box 4036, Sacramento, CA 95812-4036 ☐ You may submit a *GA-22 Request for Interview Form* to the BPH Trailers at the RCE Facility.

☐ You have already submitted an appeal on this same issue. CCR 3084.3(c)(2).

☐ You cannot appeal an anticipated action or decision not yet taken. CCR 3084.3(c)(3)

☑ You have not attempted to resolve your grievance at the Informal Level. CCR 3084.3(c)(4). Submit appeal to the following:

☑ *Counselor* OR ☐ *Work Supervisor* ☐ *Records Office* ☐ *Receiving & Release* ☐ *Trust Office* ☐ *Education*

☑ *Unit Sergeant/Lieutenant* ☐ *I/M Assignment Office* ☐ *Employee who inventoried property* ☐ *Other:* _____

☐ You have not adequately completed your appeal and/or attached the necessary supporting documents. CCR 3084.3(c)(5). Complete and return the following document(s):

☐ *Completed CDC-115, CDC-115A, CDC-115C, I.E. Report* ☐ *CDC-7250 Sobriety Report* ☐ *All CDC-837 Incident Reports*
☐ *Lab Reports* ☐ *CDC-7219 Medical Report* ☐ *CDC-114D Ad-Seg Order* ☐ *CDC-128G ICC/UCC Action* ☐ *Current Trust Statement*
☐ *Property Inventory Sheet* ☐ *Receipt for property* ☐ *CDC-128A Counseling Chrono/128B General/128C Med/Psych/Dental*
☐ *CDC-7362 (Health Care Request) & Trust statement with co-pay charge* ☐ *CDC-128G Classification Chrono*
☐ *CDC Form 1858 Rights & Responsibilities* ☐ *Complete/Sign/Date the CDC-602*
☐ *Other* _____

☐ You failed to file your appeal within 15 working days of the event or decision. The appeal is rejected. CCR 3084.3(c)(6)

☐ This issue has been addressed already. See attached correspondence. CCR 3084.2(g)

☐ You are abusing the appeal process. Your appeal is therefore rejected/cancelled. CCR 3084.3(8)

☐ *Excessive filing CCR 3084.4(a)* ☐ *Inappropriate statements CCR 3084.4(b)* ☐ *Excessive verbiage CCR 3084.4(c)*
☐ *Voluminous unrelated documentation, CCR 3084.3 (c)(8)* ☐ *Lack of cooperation CCR 3084.4(d)*

☐ You are not authorized to submit an appeal on behalf of another inmate(s). CCR 3084.3(c)(7).

☐ This appeal was resolved at a lower level. If you disagreed with the decision, you had 15 working days from when you received your appeal to file at a higher level. CCR 3084.6(c)

☐ Submit your request on a CDC-7362 (Health Service Form) and send it to the Medical Department for an appointment.

☐ A limit of one continuation page, front and back, may be attached to the appeal to describe the problem and action requested in section A and B of the form. CCR 3084.2(a)(1)

☐ You have failed to demonstrate an adverse effect on your welfare. CCR 3084.1(a)

☐ Remark(s) _____

This CDC 1824 is converted to CDC 602 per ARU IV.23b See attached

☐ **Please correct the indicated problems and return your appeal.**

Screened Out #	Date: 1/24/08

Note: Failure to follow instruction(s) given by Appeals Staff will be viewed as a lack of cooperation on your part and your appeal will be cancelled pursuant to CCR 3084.4(d). This screening decision may not be appealed unless you allege the above reason is inaccurate. In such a case, please return this form to the Appeals Coordinator with the necessary information. You have 15 days to comply with any of the above directives. CCR 3084.3(c)(6)

B. LeMaster, CC-II
Appeals Coordinator
CIM-MSF and Reception Centers

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

California Institution for Men, Appeals Office

ADA Appeal Screen-Out Form (Rev. 8/13/2004)

CDC-1824 ADA APPEAL SCREENING FORM

To: Bowie, D.	CDC #: V-45728	Housing:	Appeal Log#:

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

☐ The action or decision you are appealing is not within the jurisdiction of CDC. (CCR 3084.3(c)(1). ☐ Effective May 1, 2004, the BPH 1040 appeal process is no longer utilized. Issues concerning due process, grant or denial of parole, parole revocation, attorney or witness requests, early discharge, or good cause findings for hearings cannot be appealed. These types of appeal issues may now be forwarded to the court asking them to change the BPH action or decision. ☐ Issues concerning BPH clerical mistakes, mandatory discharge, credit eligibility during revocation terms, or other BPH rules of law may be addressed via a letter addressed to the BPH Quality Control Unit, PO Box 4036, Sacramento, CA. 95812-4036.
☐ If the issue is related to a disability before, during, or after the hearing you may file a grievance on a BPH 1074 to the Chief Deputy Commissioner. (ARP §IV.J)

☐ You have already submitted an appeal on this same issue. CCR 3084.3(c)(2). Refer to Log#

☐ In your appeal, you are requesting a transfer solely for medical treatment. This request is a non-Americans with Disabilities Act issue; therefore, your appeal was recategorized as a CDC-602 Inmate/Parolee Appeal Form. (ARP §IV.23.b).

☑ In your appeal, you are complaining about pain and requesting medical treatment with no indication that program access is denied or impeded. This request is a non-Americans with Disabilities Act issue; therefore your appeal was recategorized as a CDC-602 Inmate/Parolee Appeal Form. ARP §IV.23.b).

☑ In your appeal, you do not allege that you have a disability that substantially limits a major life activity as defined in the Armstrong Remedial Plan. This request is a non-Americans with Disabilities Act issue; therefore, your appeal was recategorized as a CDC-602 Inmate/Parolee Appeal Form. ARP §IV.23.b).

☐ You are requesting a Second Level review. However, you have not adequately explained your dissatisfaction with the First Level review. Pursuant to the Armstrong Remedial Plan, you must explain your dissatisfaction with the First Level Response and suggest an appropriate resolution. (ARP §IV.23.e).

☐ Your appeal includes both Americans with Disabilities Act (ADA) and non-ADA issues. Staff shall address your ADA issue(s) only. Your non-ADA issue(s) may be recorded on a CDC-602 Inmate/Parolee Appeal Form. ARP §IV.23.b).

☐ You are requesting a Second Level review. However, you failed to submit the appeal within 15 working days of receipt of the First Level decision by the Division Head. Therefore, your appeal is rejected. (ARP §IV.23.e / CCR 3084.3(c)(6)).

☐ You have inadequately completed the CDC Form 1824 or 602 (e.g., no signature, section incomplete, missing appeal attachments etc). Correct the missing information and forward the appeal back to the Appeal Coordinator's Office. (CCR 3084.3(c)(5)).

☐ You are requesting extended Reception Center (RC) stay credits, however, you have not been in the RC for more than 60 days. Therefore your appeal is rejected. If you have a disability that impacts placement (CDC 1845 Section C) or undergoing dialysis treatment and still in the RC more than 60 days you may file another appeal. (ARP §III.A / CCR 3084.3(c)(3)).

☐ Remark(s)

☐ **Please correct the indicated problems and return your appeal.**

Note: Failure to follow instruction(s) will be reviewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed unless you allege the above reason(s) are inaccurate. In such a case, please return this form to the Appeals Coordinator with the necessary information. You have only 15 days to comply with any of the above directives. (CCR 3084.3(c)(6) / 3084.6(c)).

Screened Out#

Date: 1/24/08

B. LeMaster, CC-II
Appeals Coordinator
CIM-MSF and Reception Centers

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE !

cc: Inmate
Appeal Attachment
Appeal Office

STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST

CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY:
		~~1B. ADA~~

This CDC 1824 is converted to CDC 602 per ARP, 1.23b see attached

CIM JAN 24 2008

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
DALE BOEHLE	V45728	MED HOLD		MAGNOLIA 127L

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY: PLANTAR FASCIATIS, MORTON NEUROMA, NEUROPATHY, TENDONITIS, NOW! TOOK AWAY MY ORTHOTICS, COLLAPSED ARCH, TORN TENDONS, SEVERE PAIN WHEN WALKING, STANDING SITTING NOW - CHRONIC AND COULD BE PERMANENT NOW!

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?
VETERANS HOSPITAL RECORDS, OUTSIDE PODIATRISTS TOOK RECORDS!
I HAVE HAD RECORDS HERE, THAT SHOWS THE NEED!
YOU "MEDICAL HAS IGNORED IT! AND

This CDC 1824 is converted to CDC 602 per ARP, 1.23b see attached

DESCRIBE THE PROBLEM:

CALIF'S PODIATRIST LIED TO ME ABOUT CALIF STATE PRISON SYSTEM DOESN'T GET PRISONERS "ORTHOTICS" HELICO ATTORNEY GENERAL CALLED HIM "FIRED" DR HILL - WOULD NOT LOOK AT OUTSIDE RECORDS - SAID MEDICAL PERSONAL CAN NOT LOOK OR GET OUTSIDE RECORDS "LIED" SAN QUITIN LAW OFFICE SENT ME PAPERWORK! CHINO LIBRARY HAS PAPERWORK. OW CRUTCHES - NEXT IS WHEEL CHAI

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

IT HURTS TO MUCH TO GET MY MEDICATION!
BECAUSE YOU'VE "CALIF STATE PRISON SYSTEM HAS FORCED ME TO WALK WITHOUT MY ORTHOTICS FOR 10 MONTHS - MY FEET HAVE FALLEN APART!
I NEED TO MOVE TO ELM BECAUSE MY FEET HURT SO MUCH I CAN NOT GO TO PICK UP MEDICATION

INMATE/PAROLEE'S SIGNATURE

JAN-20-08
DATE SIGNED

9P 9

CIM
JAN 24 2008
Staff/CC-1 or SGT/LT.

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region 1. _____ 2. _____

Log No. 1. _____ 2. _____

Category 9- HSG ASSGN.

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER

A. Describe Problem: _____

This CDC 1824 is converted to CDC 602 per ARP, IV, 23b see attached

If you need more space, attach one additional sheet.

B. Action Requested: _____

This CDC 1824 is converted to CDC 602 per ARP, IV, 23b see attached

Inmate/Parolee Signature: _____ Date Submitted: _____

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim.

CDC Appeal Number:

9P

9

Version 2.2

Summary | Generate Reports | View ADA/EC History | Log Off

CDC # : V45728 Search

CDC Number: V45728, BOEWE, DALE ERNEST

CIM JAN 24 2008

Offender/Placement

CDC #:	**V45728**
Name:	**BOEWE, DALE ERNEST**
Institution:	**California Institution for Men**
Bed Code:	**MIMH00000000127L**
Placement Score:	**2**
Custody Level:	**Minimum B**
Placement Factor:	
Housing Restrictions:	

Disability/Assistance

DDP Code:	**NCF**
DPP Codes:	[redacted]
MHSDS Code:	**CCCMS**
SLI:	
Learning Disability:	
Healthcare Appliances:	[redacted]
Last Accomm:	
Spoken Languages:	

Important Dates

Pending Revocation:	**No**
Revocation Date:	**04/03/2007**
Date Received in CDCR:	**08/03/2004**
Last Return Date:	**04/18/2007**
Extended Stay Date:	**06/17/2007**
Extended Stay Privileges?	
Release Date:	**05/24/2008**
120 Day Date:	**01/25/2008**
Next IDST Date:	

Accommodation History

No Accommodation Records Found.

9Q 9

INMATE APPEAL ROUTE SLIP

To: CMO

Date: February 6, 2008

From: INMATE APPEALS OFFICE

Re: Appeal By Inmate BOEWE, V45728

Please assign this appeal to appropriate staff for INFORMAL level response.

Appeal Issue: ~~MEDICAL~~
Due Date: ~~02/22/2008~~
Special ~~Needs~~:

Cancelled as Dup to 08-150

STAFF INSTRUCTIONS:
Begin your response with: GRANTED, DENIED, PARTIALLY GRANTED or WITHDRAWN. When complete, return appeal to the inmate. Every effort should be made to resolve the matter at the lowest level possible.

Refer to D.O.M. 54100 for instructions.

CIM Appeals Coordinator
California Institution for Men, Chino

Duplicate of #CIM-M-08-0150

31 JAN 08 9Q

9

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

February 20, 2008

BOEWE, V45728
MIMH00000000127L

Log Number: CIM-M-
(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have submitted an appeal that duplicates a previous appeal upon which a decision has been rendered or is pending (CCR 3084.3(c)(2)).

Mr. Boewe, upon further review of this appeal, it has been cancelled as being a duplicate to your appeal log number CIM-M-08-00150. Your appeal issues will be addressed within the review of that appeal.

S. Carver SSA
Appeals Coordinator
California Institution for Men, Chino

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

CIM Duplicate to Informal Level FEB 06 2008

9Q 9

INMATE/PAROLEE APPEAL FORM
CDC 602 (12/87)

Location: Institution/Parole Region 1. CIM-M-08-00150 2. _____

Log No. 1. _____ 2. _____

Category 8 ~~discipline~~ appliance n

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
DALE BOEWE	V45728	CAN'T WORK - YOU'VE CRIPPLED ME	MAG HALL 12

A. Describe Problem: CALIF STATE PRISON STAFF (TOOK AWAY my ORTHODICS OVER 10 MONTHS AGO! IVE BEEN PLEADING FOR THEM SINCE THEN, BUT HAVE BEEN ONLY LIED TO "DR GALAHS Podiatrists TOLD ME" ORTHODICS ARE NOT AVAILIBLE IN CALF/ST/PRISON) - I HAVE WRITTEN STATEMENTS THAT PROVE THE A LIAR(S) TOLD ME, OUTSIDE RECORDS COULD NOT BE LOOKED AT, SO DID NEW PODIATRIST DR HILL THAT WAS A LIE! "HAVE PROOF FROM" ATTORNEY GENERAL" IT WAS TOLD ALL ALONG BY BOTH DOCTORS - LIES THAT I DON'T NEED ORTHODICS, YESTERDAY DR HILL TOLD ME "You do NEED ORTHODICS" BUT NOT ENOUGH TIME LEFT. I'm IN CRUTCHES NOW AND HAVE CHRONIC PAIN WHICH COULD BE LIFE LONG! BECAUSE OF LIES AND DELAYS!

If you need more space, attach one additional sheet.

B. Action Requested: FIRST I WANT TO KNOW UNDER WHAT AUTHORITY YOU HAVE THE RIGHT TO CRIPPLE ME!
I WANT PROPER MEDICAL ATTENTION, ORTHODICS (I KNOW THEY CAN BE MADE IN A WEEK) THE VETERANS HOSPITAL GOT THEM FOR ME, I NEED TO BE MOVED TO ELM! I'm GOING TO NEED WHEELCHAIR

Inmate/Parolee Signature: See signature and date at top of this document Date Submitted: _____

C. INFORMAL LEVEL (Date Received: 2-6-08, Due 2-22-08

Staff Response: DUPLICATE APPEAL

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL
If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

FOR WRITTEN EVENT
DUPLICATE APPEAL

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

Copy for 2 FEB 0 08 DK 1 Feb 08 9R

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region 1. _____ 2. _____ Log No. 1. _____ 2. _____ Category 10

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
BOEWE DALE	V45728	MEDICAL HOLD	MAG HALL 127L

A. Describe Problem: I HAVE DOCTOR'ED ORDERED CHRONOS (DR SMITH) THAT STATE I CAN HAVE ORTHODICS MAILED IN, PLUS SHOES! TWICE THEY'VE BEEN MAILED BACK!

WHY?

SENT FROM TAMMY SWAN

If you need more space, attach one additional sheet.

B. Action Requested: MY MEDICAL APPLIANCES, SO I'M NOT PERMENANTLY CRIPPLED. WHICH CALIF STATE PRISON TOOK AWAY IN THE FIRST PLACE!

Inmate/Parolee Signature: DK 12 Date Submitted: FEB-0-08

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

4F308

QS

11

INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE BOEWE, V45728
Current Housing: MIMH00000000127L

Date: February 6, 2008

From: INMATE APPEALS OFFICE

Re: APPEAL

ASSIGNED STAFF REVIEWER: CMO
APPEAL ISSUE: MEDICAL

Inmate BOEWE, this acts as a notice to you that your appeal has been sent to the above staff for INFORMAL response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal to this office for the FIRST level of review.

CIM Appeals Coordinator
California Institution for Men, Chino

95 11

INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE BOEWE, V45728
Current Housing: MIMH00000000127L

Date: February 7, 2008

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: CIM-M-08-00150

ASSIGNED STAFF REVIEWER: CMO
APPEAL ISSUE: ADA
DUE DATE: 02/29/2008

Inmate BOEWE, this acts as a notice to you that your appeal has been sent to the above staff for FIRST level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for SECOND level review.

CIM Appeals Coordinator
California Institution for Men, Chino

I've Been Here Before, you were
Supposed to Get Back to Me!
It's up to ON Hawos Testimony!
Your System is Detrimental
To Everyone's Health.
Thats why the Feds are Here!
Sending in 602 "Feds of

P.S. ATTORNEY GENERAL INVOLVED

STATE OF CALIFORNIA

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST

CDC 1824 (1/95)

4 F0308 95 DEPARTMENT OF CORRECTIONS

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY:
		18. ADA

NOTE: **THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES**

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
BOEWE	V45728	MED HOLD		MAC HALL 12 Low.

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

PLANTAR FASCIA - NEUROPATHY - TENDINITOUS, TEARS IN MUSCLES TENDONS, FALLEN ARCHES - COLLAPSED FOOT BECAUSE BEING DENIED FOOT ORTHODICS THERAPY

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

VETERANS HOSPITAL, OUTSIDE RECORDS, YOUR RECORDS

MRI THAT IVE REQUESTED FOR OVER 10 MONTHS DENIED THAT! OUTSIDE MRI!

DESCRIBE THE PROBLEM: YOU "CALIFORNIA STATE PRISON SYSTEM TOOK AWAY MY ORTHODICS! NOW I CANT WALK OR STAND - YOUVE DENIED ME MY ORTHODICS FOR OVER 10 MONTHS - NOW THE PODIATRIST SAYS YES I DO NEED THEM! BUT NOT ENOUGH TIME! IS THIS ANOTHER LIE? I CAN NO LONGER MAKE IT TO GET MEDICATION! NEED MOVE TO ELM HURTS TO MUCH - OR ARE YOU NOW DENYING ME MEDICAT.

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

ORTHODICS - MOVE TO ELM BECAUSE OF THE CRIPPLING PAIN MEDICAL TORTURE AND LIES HAVE CAUSED! WHEEL CHAIR

INTENSE THERAPY - I SOAK MY FOOT IN A MUD PUDDLE FOR RELIE

Dale E Boewe

INMATE/PAROLEE'S SIGNATURE

FEB 4TH 08

DATE SIGNED

STATE OF CALIFORNIA

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST

CDC 1824 (1/95)

DEPARTMENT OF CORRECTIONS

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY:
Cim-m	08-150	18. ADA

CIM
FEB 06 2008
CMO - 1ST LEVEL
APPL. NEED

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
BOEWE DALE	V45728	MED PAIN		MAGNOLIA HALL 125

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

PLANTAR FASCIATIS / ? / NEUROPATHY / NERVE DAMAGE / FALLEN ARCH / TENDONS TORN / COLLAPSED FOOT ALL BECAUSE OF DENIED MEDICAL APPLIANCES!

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

VETERANS HOSPITAL / OUTSIDE RECORDS / I HAVE A STACK OF RECORDS SINCE GETTING IN CALIF STATE PRISON A FOOT AND A HALF TALL BEGGING FOR HELP - ALL I GOT WERE LIES!

DESCRIBE THE PROBLEM:

I'M NOW CRIPPLED / EXTREME PAIN STANDING / WALKING / REST THANK-YOU!

DUPLICATE TO GOC DATE 1/24/08

ADA/ONLY ISSUE

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

INTENSE THERAPY (MOVE TO ECM) AS IT HURTS TO ~~MUCH TO~~ TRAVEL A MILE ON (CRUTCHES TO GET PAIN MEDICATION - WHEELCHAIR NOW - ! " (ORTHOTICS) HELP / NOT LIES

DUPLICATE TO 07-1378

Dale Boewe
INMATE/PAROLEE'S SIGNATURE

FEB - 4 - 08
DATE SIGNED

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST
CDC 1824 (1/95)

REVIEWER'S ACTION

DATE ASSIGNED TO REVIEWER: 2-6-08
DATE DUE: 2-29-08

TYPE OF ADA ISSUE

☐ PROGRAM, SERVICE, OR ACTIVITY ACCESS (Not requiring structural modification)
☑ Auxiliary Aid or Device Requested
☐ Other_____

☐ PHYSICAL ACCESS (requiring structural modification)

DISCUSSION OF FINDINGS: 2/6/08 Seen in clinic - complains of continued pain both feet. Dept as a result he has to restrict walking - often needs crutches - states he had orthotics sent from outside but these were returned. He states he does want orthotics from podiatry and would like podiatry to reconsider. His medication to control pain was increased today, he will follow up here in one month and should already have had podiatry F/U on 1 Feb (as per note) - Wheelchair not indicated

Pr James Smith
Front Clinic

2/8/08
DATE INMATE/PAROLEE WAS INTERVIEWED

PERSON WHO CONDUCTED INTERVIEW

DISPOSITION

☐ GRANTED ☐ DENIED ☑ PARTIALLY GRANTED

BASIS OF DECISION: Medical Evaluation

NOTE: *If disposition is based upon information provided by other staff or other resources, specify the resource and the information provided. If the request is granted, specify the process by which the modification or accommodation will be provided, with time frames if appropriate.*

DISPOSITION RENDERED BY: (NAME)	TITLE	INSTITUTION/FACILITY
Dr Smith	Staff Physician	CIM

APPROVAL

ASSOCIATE WARDEN'S SIGNATURE

DATE SIGNED 2-11-08

DATE RETURNED TO INMATE/PAROLEE 2/22/08

Copy 1 of 3 ... 21. STATE ATTORNEY 31. PERSONAL FILE ... NURSE SHOWED ME WHAT DR SMITH WROTE, I TOLD DR. SMITH TO CHECK IT OUT! DR HILL IS A LIAR - CHECK MEDICAL RECORDS

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

4 Pages

Location:	Institution/Parole Region	Log No.	Category
1.		1.	9T
2.		2.	12

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
BOSWE DALE	V45728	CANT WORK-CRIPPLED/CHRONIC PAIN	MAGNOLIA H/ 127

A. Describe Problem: IVE TOTALLY BEEN LIED TO, AND REALLY TORTURED! IVE BEEN IN (NOW CHRONIC PAIN, POSSIBLE PERMENANT DAMAGE - ALOT OF THERAPY) BECAUSE MY MEDICAL APPLIANCES WERE TAKEN AWAY IN CALIF STATE PRISON! FROM THE BEGGING IVE BEGGED FOR THEM, INFORMED DR. SMITH (WHO HAS TRIED HIS BEST TO GET ME THE MEDICAL ATTENTION I NEED, KNOWS HOW MUCH IVE TRIED TO GET PROPER ATTENTION) - I THANK HIM FOR HIS COMPASSION! BUT THE STATE OF CALIF, DR GALHLY, AND DR HILL ARE LIARS, AND HAVE, OR OUR RESPONSIBLE FOR MY NOW, CHRONIC SEVERE PAIN, EVEN AT REST! LIKE I WARNED THEM (ALL) WOULD HAPPEN! DR HILL WOULD NOT LOOK AT OUTSIDE RECORDS! I HAVE COPIES OF EVERYTHING SEE ATTACHED

If you need more space, attach one additional sheet.

B. Action Requested: MIGHT BE TO LATE, BUT WHAT IVE ALWAYS WANTED AND NEEDED. "MY ORTHODICS" TEMPERARY INSERTS TO HOLD STRUCTURE OF FOOT TOGETHER; STOP THE COLLASPEING. TAPE WRAP, TEMPERARY HOLD, PROPER RUBBER BRACE, THERAPY, ICE, HEAT, ELECTRIC PULSE! NIGHT SPLINTS! MRI, WEIGHT BEARING X-RAYS! PROPER MEDICAL ATTENTIO.

Inmate/Parolee Signature: Dale Bo Date Submitted: FEB-9-08

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

California Institution for Men, Appeals Office 13 of 50 94

Appeal Screen-Out Form CIM 695 (Rev. 12/22/2004)

CDC 602 INMATE APPEALS SCREENING FORM

B

To: Boewe	CDC #: V45728	Housing: M1M#127	Appeal Log#:

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

☐ Action or decision you are appealing is not within the jurisdiction of CDCR. CCR 3084.3(c)(1). ☐ Effective May 1, 2004, the BPH 1040 appeal process is no longer utilized. Issues concerning due process, grant or denial of parole, parole revocation, attorney or witness requests, early discharge, or good cause findings for hearings cannot be appealed. These types of appeal issues may now be forwarded to the courts asking them to change the BPH action or decision. ☐ Issue(s) concerning BPH clerical mistakes, mandatory discharge, credit eligibility during revocation terms, or other BPH rules of law may be addressed via a letter to the BPH Quality Control Unit, PO Box 4036, Sacramento, CA 95812-4036 ☐ You may submit a *GA-22 Request for Interview Form* to the BPH Trailers at the RCE Facility.

☒ You have already submitted an appeal on this same issue. CCR 3084.3(c)(2). Cim-m-08-00150

☐ You cannot appeal an anticipated action or decision not yet taken. CCR 3084.3(c)(3)

☐ You have not attempted to resolve your grievance at the Informal Level. CCR 3084.3(c)(4). Submit appeal to the following:

☐ *Counselor* ☐ *Work Supervisor* ☐ *Records Office* ☐ *Receiving & Release* ☐ *Trust Office* ☐ *Mailroom*
☐ *Unit Sergeant/Lieutenant* ☐ *I/M Assignment Office* ☐ *Employee who inventoried property* ☐ *Other:* _____

☐ You have not adequately completed your appeal and/or attached the necessary supporting documents. CCR 3084.3(c)(5). Complete and return the following document(s):

☐ *Completed CDC-115, CDC-115A, CDC-115C, I.E. Report* ☐ *CDC-7250 Sobriety Report* ☐ *All CDC-837 Incident Reports*
☐ *Lab Reports* ☐ *CDC-7219 Medical Report* ☐ *CDC-114D Ad-Seg Order* ☐ *CDC-128G ICC/UCC Action* ☐ *Current Trust Statement*
☐ *Property Inventory Sheet* ☐ *Receipt for property* ☐ *CDC-128A Counseling Chrono/128B General/128C Med/Psych/Dental*
☐ *CDC-7362 (Health Care Request) & Trust statement with co-pay charge* ☐ *CDC-128G Classification Chrono*
☐ *CDC Form 1858 Rights & Responsibilities* ☐ *Complete/Sign/Date the CDC-602*
☐ *Other* _____

☐ You failed to file your appeal within 15 working days of the event or decision. The appeal is rejected. CCR 3084.3(c)(6)

☐ This issue has been addressed already. See attached correspondence. CCR 3084.2(g)

☐ You are abusing the appeal process. Your appeal is therefore rejected/cancelled. CCR 3084.3(8)

☐ *Excessive filing CCR 3084.4(a)* ☐ *Inappropriate statements CCR 3084.4(b)* ☐ *Excessive verbiage CCR 3084.4(c)*
☐ *Voluminous unrelated documentation, CCR 3084.3 (c)(8)* ☐ *Lack of cooperation CCR 3084.4(d)*

☐ You are not authorized to submit an appeal on behalf of another inmate(s). CCR 3084.3(c)(7)

☐ This appeal was resolved at a lower level. If you disagreed with the decision, you had 15 working days from when you received your appeal to file at a higher level. CCR 3084.6(c)

☐ Submit your request on a CDC-7362 (Health Service Form) and send it to the Medical Department for an appointment.

☐ A limit of one continuation page, front and back, may be attached to the appeal to describe the problem and action requested in section A and B of the form. CCR 3084.2(a)(1)

☐ You have failed to demonstrate an adverse effect on your welfare. CCR 3084.1(a)

☐ Remark(s) _____

☐ **Please correct the indicated problems and return your appeal.**

Screened Out # 1 Date: 2/26/08

Note: Failure to follow instruction(s) given by Appeals Staff will be viewed as a lack of cooperation on your part and your appeal will be cancelled pursuant to CCR 3084.4(d). This screening decision may not be appealed unless you allege the above reason is inaccurate. In such a case, please return this form to the Appeals Coordinator with the necessary information. You have 15 days to comply with any of the above directives. CCR 3084.3(c)(6)

S. Carey SSA

Appeals Coordinator
CIM-MSF and Reception Centers

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

3). SENT HOME

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

FEB 26 2008

SIO #2 Duplicate

To CIM-M-08-00152

Location: Institution/Parole Region _____ Log No. _____ Category 18 appl need

1. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
BOWE	V45728	DOWE - CRIPPLED	MA6-127Low

A. Describe Problem: CHECK WITH SAN QUINTIN LAW OFFICE, OR THE ATTORNEY GENERAL, ON THE LAST PRINT OUT YOU SENT ME; OF COURSE I DON'T HAVE AN ACCOMMODATION HISTORY - CAUSE I'VE BEEN "MEDICALY IGNORED" YOU JUST MADE MY CASE - I'VE GOT HUNDREDS OF PLEAS FOR HELP ON PAPER, AND YOU JUST MAILED ME A PRINT OUT SHOWING I'VE GOTTEN "NOTHING". BUT NOW "POSSIBLE PERMENANT DAMAGE DUE TO FORCED REPETITIVE USE! "TO SURGIVE" WALKING STANDING, (THOUSANDS OF STEPS) WITH OUT OUTSIDE DOCTOR ORDERED MEDICAL APPLIANCES!

If you need more space, attach one additional sheet.

B. Action Requested: PLAIN AND SIMPLE, CHECK MY RECORDS - I'VE SAID IT THOUSANDS OF TIMES, CHECK WITH SAN QUINTIN, ATTORNEY GENERAL! SAME AS BEFORE!

SAFE, MORAL, MEDICAL HELP! (FOR SOMEONE TO LISTEN) LIKE DR SMITH HAS!

Inmate/Parolee Signature: _____ Date Submitted: FEB-13-08

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

DUPLICATE APPEAL

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

DUPLICATE APPEAL

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

PAGE 1 OF 3 PAGES

FRONT PAGE (HAVE WRITTEN) 3 PAGES

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CIM
FEB 26 2008

DUPLICATE APPEAL

I WAS CALLED IN ON FEB 8th TO THE DOCTORS LINE BECAUSE I (DALE BOEWE) SUBMITTED A CDC 1824 (1/95). THIS WAS DONE AS ON FEB-3-08, I WAS FINALY CALLED BACK IN TO SEE THE PODIATRIST (DR. HILL). I HAVE BEEN TRYING, AND TRYING TO GET my MEDICAL APPLIANCES FOR OVER 10½ MONTHS! IVE BEEN PLEADING FOR SOME PROPER HELP, ALWAYS MET WITH LIES, BRUSHOFF DELAYS, WHICH HAS NOW GOT ME IN CRUTCHES, AND HEADING FOR A WHEELCHAIR! (AS IVE ALSO PLEADED TO BE PUT IN ECM, AS IT IS EXTREMELY PAINFULL TO PICK UP MEDICATION (THE WALKING & THE STANDING)! BECAUSE-AS I WAS TOLD BY THE ORTHOPEDIC SURGEON AT THE VETERANS HOSPITAL (WHICH IVE BEEN TELLING ALL) DONT WALK WITH-OUT your MEDICAL APPLIANCES (ORTHODICS) AS - TEARING AND PERMAMENT DAMAGE CAN OCCUR. WHICH I BELIEVE HAS HAPPENED AS PAIN IS NOW CONSTANT EVEN AT REST!

THE FIRST PODIATRIST I WAS MADE TO SEE WAS (WELL ALIA AND, I THINK IT WAS PROVEN AFTER THE SAN QUINTON LAW OFFICE & mySELF, HAD THE ATTORNEY GENERAL CHECK DR GALHLy OUT! THERES ALOT IN THAT DOCUMENTED SAGA (BUT LETS FOR NOW-SAY HE'S NO - LONGER WITH THE STATE OF CALIF, CHINO, CIM...

WHEN I FIRST WENT TO SEE THE NEW PODIATRIST "DR-HILL" I (FIRST THING) I FOUND OUT ABOUT HIM, JUST BY LISTENING, AS HE WA NOT PAYING ATTENTION TO ME (HE WAS BUSY TELLING THE NURSE- HOW DRUNK, AND HOW MESSED UP HE GOT OVER THE HOLIDAYS. ON AND ON HE WENT" WHICH OFFENDED ME, AS IM HERE FOR A D.J. BY THE WAY-IM READY TO TAKE A LIE DETECTOR TEST ANYTIME, IF DR Hill DENIES THESE STATEMENTS "HE WOULD FAIL. ASK THE NURSES ON DUTY; "I HAVE THERE NAMES IF you NEED THEM!

THE FIRST THING WHEN I GOT A CHANCE, I INFORMED DR Hill THAT IVE GOT OUTSIDE RECORDS THAT WILL LET you KNOW THE - SEVERETY OF my CONDITION (EXAMS, ORDERS, THERAPS NOW NEEDED... DR Hill INFORMED ME THAT "HE CAN NOT LOOK AT OUTSIDE RECO THAT IT IS AGAINST POLICY!

OPPS- LIE ONE RIGHT OFF THE BAT- THE PRISON LAW OFFICE G ME FORM 1007 (04/06, NOW IN my PERSONAL FILE) AUTHORIZATION TO RELEASE OF INFORMATION! WHICH DR GALHLy LIED ABOUT TOO!

WHAT CAUSES BLOOD PRESSURE TO GO UP! PAIN AND STRESS, BOTH OF WHICH CALIF STATE PRISON MEDICAL SYSTEM HAS TOTALLY BROUGHT TO MY PERSONAL HEALTH!

I INFORMED DR. HILL THAT MY MEDICAL RECORDS WILL CLEARLY SHOW MY NEEDS FOR "ORTHOTICS, THERAPY NOW, TAPE, ETC... OPPS, LIE TWO - DR-HILL STATED THAT IT IS IMPOSSIBLE TO GET ORTHOTICS DONE HERE, OR IN CALIF STATE PRISON SYSTEM! (I HAVE TWO DIFFERENT INMATES WHO WROTE "HANDSON TESTIMONY" THAT THEY RECEIVED CUSTOM MADE ORTHOTICS WHILE IN THE CUSTODY OF CALIF STATE PRISON SYSTEM - THEY ARE IN MY PERSONAL FILE WITH THERE NAMES AND HOME PHONE NUMBERS, AND CDC NUMBER, AS THEY WILL TESTIFY TO THIS IN COURT!... BY THE WAY THIS IS THE SAME THING DR GALHLY TOLD ME, AND WAS CAUGHT NOT TELLING THE TRUTH!

ON FEB 3RD I WAS CALLED IN AFTER A MONTH TO REVIEW XRAYS! (BY THE WAY - DR-HILL DID NOT ORDER WEIGHT BEARING XRAY SHOTS OF MY FEET - WHICH I COULDN'T BELIEVE (THAT'S THE VERY 1ST THE THE VETERANS HOSPITAL DID THREE AND A HALF YEARS AGO!

SO OUT OF KNOW-WHERE DR HILL TELLS ME - HE DID NOT EVEN LOOK AT ANY X-RAYS, MR. BOWE - YOU DO NEED ORTHOTICS, BUT THERE IS NOT ENOUGH TIME FOR THEM TO BE COMPLETED! (AGAIN - REALIZE THAT TWO INMATES HAVE TOLD ME HOW LONG IT TAKES - I KNOW THE PROCESS, I HAD CUSTOM MADE ORTHOTICS AS OUTSIDE O/P/S, AND PODIATRIST'S KNEW THE MAJOR IMPORTANCE OF THEM - I TOLD DR HILL, IT ONLY TAKES 2 WEEKS, I'M OUT IN MAY (24' NO - THEY ARE SWAMPED - SORRY - CAN NOT DO...

SAW DR. HILL ON FEB - 3RD - 08, ON THAT NIGHT I WROTE OUT A CDC 1824 (1/95) WITH THE HELP OF AN INMATE WHO DROPPED IT IN THE BOX FOR ME.. I WAS DISTRAUGHT, DEPRESSED, TOTALLY PISSED OFF," I WAS NOT GOING TO LET DR. HILL GET AWAY WITH THIS, I TOLD HIM ON FEB 3RD I WILL GET MY ORTHOTICS, THIS IS UNLAWFULL ITSELF...

ON - FEB 8th - 08, I WAS CALLED TO THE DOCTORS LINE, IT CONCERNED THE CDC 1824 (1/95)! THE NURSE THAN SHOWED ME WHAT DR HILL HAD WRITTEN ABOUT MY VISIT WITH HIM: THAT INMATE() NEEDS ORTHOTICS BUT AGREES IT'S BETTER TO WAIT TILL HE'S OUT "BULLSHIT" THE NURSES, DOCTORS, ALL KNOW HOW HARD I'VE BEEN TRYING TO GET HELP! THAT I'M SCARRED, IN SEVERE PAIN! DR. SMITH IS A VERY COMPASSIONATE DOCTOR - CONCERNED - DOES WHAT'S RIGHT MEDICALY. HE'S TRIED TO GET ME OUTSIDE HELP! DR. HILL HAS LIED HIMSELF INTO A CORNER!

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INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE BOEWE, V45728
Current Housing: MIMH00000000127L

Date: March 6, 2008

From: INMATE APPEALS OFFICE

Re: APPEAL

ASSIGNED STAFF REVIEWER: CMO
APPEAL ISSUE: MEDICAL

Inmate BOEWE, this acts as a notice to you that your appeal has been sent to the above staff for INFORMAL response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal to this office for the FIRST level of review.

B. LeMaster, CC-II
CIM Appeals Coordinator
California Institution for Men, Chino

Copy 1 of 2 Yellow

MAR 06 2008 Informal CMO

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INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region 1. _____ 2. _____ Log No. 1. _____ 2. _____ Category 8 access

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classificatior committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staf member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supportin documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be take for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
DALE BOEWE	V45728	NON-ON CRUTCHES NSF	MHA6-122

A. Describe Problem: THE PROBLEM IS I MUST BE IN AN INSANE ASYLUM! I GET A CALL THAT I'm SUPPOSED TO GO SEE DR HILL, RIGHT AFTER I CALLED HIM ON HIS REPETITIVE LIES, HIS UNPROFESSIONAL BEHAVIOR! THAT HE COMPLETELY IGNORED MY PLEAS FOR HELP! THAT MY CONDITION WAS VERY SEVERE! WON'T YOU PLEASE GIVE ME MY ORTHOTICS BACK THAT THE CALIFORNIA PRISON SYST TOOK AWAY. PLEASE LOOK AT MY OUTSIDE RECORDS, PLEASE I NEED THERAPY! I NEED THIS CERTAIN MEDICATION; ALL I GOT FROM DR HILL WAS, WE (DR HILL - CALIFS PRISON SYSTEM, DO NOT HANDLE, THOSE SITUATIONS. I AM AFRAID FOR MY WELL BEING AROUND HIM!

If you need more space, attach one additional sheet.

B. Action Requested: I'm IN CONTACT WITH OUTSIDE HELP! MY ONLY HOPE I'm AFFRAID! ACTION REQUESTED - KEEP THAT MAN (DR HILL - AWAY FROM ME!

Inmate/Parolee Signature: _____ Date Submitted: FEB-27-0

C. INFORMAL LEVEL (Date Received: 3-6-08) Due 3-20-08

Staff Response: Granted as AC 3/19/08 Pt # 08-00150 on 2/22/08, Dr. H refer to podiatrist at Riverside Regional

DENIED INMATES MAY NOT CHOOSE THEIR DOCTOR, DOCTORS WILL BE ASSIGNED AS NECESSARY. AC

Staff Signature: _____ Date Returned to Inmate: 4/18/08

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) an submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

THIS APPEAL WAS GRANTED BY THE AUTHORITY TO WHOM IT WAS ASSIGNED IN ACCORDANCE WITH CCR TITLE 15 AT 3084.2(b) AND 3084.5(a)(1-2). THIS APPEAL WAS RESOLVED AND COMPLETED AT THE INFORMAL LEVEL BY THE STAFF MEMBER WHO HAD THE AUTHORITY TO RESOLVE IT, NO ONE AT TH

Signature: _____ Date Submitted: 2 MAY 08

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

CONTINUATION SHEET SECTION D DATED 2 MAY 08: 9V 14

→ POINT CAN CHANGE THAT RESOLUTION OF THE MATTER ACCORDING TO THE ADMINISTRATIVE LAWS PUT OUT BY THE CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION. ALTHOUGH I SUBMITTED THIS APPEAL ON 27FEB08, IT WAS NOT SENT BACK TO ME UNTIL 18APR08 I RECEIVED IT ON 22 APRIL 08; THIS VIOLATES CCR TITLE 15 AT 3084.6(b)(1). WHEN I RECEIVED IT BACK I NOTICED SOMEONE HAD SCRATCHED OUT THE WORD GRANTED AND HAD ILLEGALLY PUT IN NOTATIONS STATING DENIED WITH AN EXPLANATION. THERE IS AN INDICATION OF INITIALS "AC" WHICH MAY MEAN APPEALS COORDINATOR IF IT WAS THE APPEALS COORDINATOR, THE APPEALS COORDINATOR DOES NOT HAVE THE AUTHORITY TO SCRATCH OUT THE INFORMAL LEVEL STAFF MEMBERS RESPONSE, WHO IS A DOCTOR; IT SEEMS THAT THE ILLEGAL NOTATION PUT IN BY WHOEVER "AC" IS INDICATES INMATES MAY NOT CHOOSE THEIR DOCTOR. I HAVE NOT TRIED TO CHOOSE MY OWN DOCTOR, I WAS EXPRESSING I AM HAVING DIFFICULTIES WITH DR. HILL REGARDING MEDICAL CONDITIONS THAT STILL HAVE NOT BEEN TREATED. PLEASE REFER ME TO WHATEVER DOCTOR YOU LIKE, IM JUST TRYING TO GET HELP FOR MY MEDICAL CONDITIONS. I'VE SUBMITTED HEALTH CARE SERVICES REQUEST FORMS BUT DO NOT SEEM TO GET A REPLY OR A CHRONO. THE DOCTOR CHOSEN BY INFORMAL LEVEL STAFF RESPONDER WAS CHOSEN BY THAT PERSON, NOT ME. THE PROBLEMS I WAS HAVING WITH DR. HILL WERE WHEN I WENT IN TO SEE HIM HE WOULD JUST TALK TO THE NURSES ABOUT HOW DRUNK HE HAD GOTTEN. DR. HILL WOULD JUST RAMBLE ON LIKE THIS INSTEAD OF HELPING ME MEDICALLY, THIS VIOLATES CCR TITLE 15 AT 3004(a) YET DR. HILL DECIDED TO BE DISRESPECTFUL DR. HILL SAID IT WAS AGAINST POLICY TO LOOK AT OUTSIDE MEDICAL RECORDS, THIS IS NOT TRUE, LOOKING AT OUTSIDE MEDICAL RECORDS IS AUTHORIZED IN ACCORDANCE WITH CCR TITLE 15 AT 3354(c). MEDICAL RECORDS ALSO ALLOWS FOR A RELEASE OF AUTHORIZATION TO TAKE PLACE THAT WE CAN SIGN TO HAVE OUTSIDE MEDICAL RECORDS PLACED INTO OUR UNIT HEALTH RECORD WITHIN THE DEPARTMENT. DR. HILL SAID IT WAS IMPOSSIBLE TO GET ORTHOTICS HERE OR IN THE CALIFORNIA =

prison system which is not true either according to CCR Title 15 at 3358(a)(b)(c). On yet another visit with Dr. Hill, Dr. Hill stated he did not even look at the X-rays that were taken of my feet. Dr. Hill then finally, after it was too late evidently, admit that I do need orthotics and orthopedic shoes but then Dr. Hill stated I did not have enough time left in prison to get them. At the time Dr. Hill made this statement I had plenty of time left in prison to get the orthotics and orthopedic shoes I needed and still need. Then Dr. Hill falsified a medical document by stating I agreed that its better to wait until I get out of prison to get my orthotics and orthopedic shoes. I never said this and it is now in my medical file that I in fact did not say this at all. Part of the outside medical records show that Im not to walk at all without the orthotics and orthopedic medical shoes. Those records show I need to hold my arch in the proper place or else the tendon stretches and tears to a point of "No-return" and must be cut out if that happens. My outside Dr. diagnoses is major damage to the insted tendons of both feet and collapsing arch. So for Dr. Hill to disregard this seems a malpractice of his medical duty, its a common practice for Dr's to review previous Dr. or hospital records. When I spoke to Dr. Hill about receiving therapy, the reply to me was CIM does not have the funds for therapy, and there is no room here for a therapist. Afterwards of course I did actually see a therapy room here where people are receiving physical therapy for all kinds of different things. My requests for a wheel-chair to Dr. Hill were denied. Ive been told the wheelchairs go to the ones that need it the most. I explained Im in the catagory who needs a wheelchair the most. Then I was told we have guys that have no legs who are still waiting for a wheelchair, although I find it hard to believe that the dept. would allow a person with no legs to go without a wheelchair even for one day. I did receive a chrono stating I could get my orthotics and ortho shoes sent in, again someone other than the proper authority who wrote the chrono wrote on the chrono with a black pen "set do not give out." The set for whom that note was intended for evidently was the R/R set and in fact I had orthotics and ortho shoes sent in, in accordance with the Dr. orders and CCR Title 15 at 3358(c), and R/R did illegally send them back. I had them sent in again and R/R sent them back again. I tried a third time and I did receive a padded 8½ x 11 envelope, the envelope that was verified as the envelope that the orthopedics were sent in, but there was no orthopedics in it when I received the envelope and I still have not discovered what happened to them. So this is a problem Ive experienced as explained in the body of this appeal. It should be noted Im not choosing my own doctor, the informal level staff responder who is a Dr. is choosing the Dr. for me not me, a podiatrist at Riverside Regional.

Respectfully submitted.

California Institution for Men, Appeals Office

ADA Appeal Screen-Out Form (Rev. 8/13/2004)

CDC-1824 ADA APPEAL SCREENING FORM

To: BOREN, D.	CDC #: V-45728	Housing: MIMH127L	Appeal Log#:

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

☐ The action or decision you are appealing is not within the jurisdiction of CDC. (CCR 3084.3(c)(1). ☐ Effective May 1, 2004, the BPH 1040 appeal process is no longer utilized. Issues concerning due process, grant or denial of parole, parole revocation, attorney or witness requests, early discharge, or good cause findings for hearings cannot be appealed. These types of appeal issues may now be forwarded to the court asking them to change the BPH action or decision. ☐ Issues concerning BPH clerical mistakes, mandatory discharge, credit eligibility during revocation terms, or other BPH rules of law may be addressed via a letter addressed to the BPH Quality Control Unit, PO Box 4036, Sacramento, CA. 95812-4036.

☐ If the issue is related to a disability before, during, or after the hearing you may file a grievance on a BPH 1074 to the Chief Deputy Commissioner. (ARP §IV.J)

☑ You have already submitted an appeal on this same issue. CCR 3084.3(c)(2). Refer to Log# INFORMAL APPEAL DATED 3/6/4

☐ In your appeal, you are requesting a transfer solely for medical treatment. This request is a non-Americans with Disabilities Act issue; therefore, your appeal was recategorized as a CDC-602 Inmate/Parolee Appeal Form. (ARP §IV.23.b).

☐ In your appeal, you are requesting access to services and programs or medical care provided by the institution with no indication that access is denied or impeded. This request is not an accommodation provided for in the Americans with Disabilities Act; therefore your appeal was recategorized as a CDC-602 Inmate/Parolee Appeal Form. ARP §IV.23.b).

☐ In your appeal, you do not allege that you have a disability that substantially limits a major life activity as defined in the Armstrong Remedial Plan or ADA. This request is not an accommodation provided for in the Americans with Disabilities Act; therefore, your appeal was recategorized as a CDC-602 Inmate/Parolee Appeal Form. ARP §IV.23.b).

☐ You are requesting a Second Level review. However, you have not adequately explained your dissatisfaction with the First Level review. Pursuant to the Armstrong Remedial Plan, you must explain your dissatisfaction with the First Level Response and suggest an appropriate resolution. (ARP §IV.23.e).

☐ Your appeal includes both Americans with Disabilities Act (ADA) and non-ADA issues. Staff shall address your ADA issue(s) only. Your non-ADA issue(s) may be recorded on a CDC-602 Inmate/Parolee Appeal Form. ARP §IV.23.b).

☐ You are requesting a Second Level review. However, you failed to submit the appeal within 15 working days of receipt of the First Level decision by the Division Head. Therefore, your appeal is rejected. (ARP §IV.23.e / CCR 3084.3(c)(6)).

☐ You have inadequately completed the CDC Form 1824 or 602 (e.g., no signature, section incomplete, missing appeal attachments etc). Correct the missing information and forward the appeal back to the Appeal Coordinator's Office. (CCR 3084.3(c)(5)).

☐ You are requesting extended Reception Center (RC) stay credits, however, you have not been in the RC for more than 60 days. Therefore your appeal is rejected. If you have a disability that impacts placement (CDC 1845 Section C) or undergoing dialysis treatment and still in the RC more than 60 days you may file another appeal. (ARP §III.A / CCR 3084.3(c)(3)).

☐ Remark(s)

☐ **Please correct the indicated problems and return your appeal.**

Screened Out# 1 Date: 5/12/08

Note: Failure to follow instruction(s) will be reviewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed unless you allege the above reason(s) are inaccurate. In such a case, please return this form to the Appeals Coordinator with the necessary information. You have only 15 days to comply with any of the above directives. (CCR 3084.3(c)(6) / 3084.6(c)).

B. LeMaster, CC-II
Appeals Coordinator
CIM-MSF and Reception Centers

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE !

cc: Inmate
Appeal Attachment
Appeal Office

1 OF 4 COPIES 2) ATT-GENERAL 3) SAN QUIN FEB-29-08 qw I HAVE BEEN ASKING FOR MORE MEDICAL HELP-USELESS.

STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST

CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY: 18. ADA
		CIM

MAR 1 2 2008

DUPLICATE

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
DALE DOEWE	V45728			

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

I AM NOW ON CRUTCHES PERMENENTLY (USED FOR ALL MOVEMENT) DENIED ORTHOPIC: FOR 11 MONTHS, AND PROPER THERAPY, MEDICATION - CAN NOT WALK, HURTS TO SURVIVE "PA.

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

OUTSIDE RECORDS WHICH BOTH PODIATRISTS REFUSED TO LOOK AT! INCLUDING WEIGHT BEARING X-RAYS (THAT WERE NOT DONE AFTER I REQUESTED THEM! DR SMITHS RECO (A VERY COMPASSIONATE AND CARING DOCTOR (HAS DONE EVERYTHING TO GET ME HELP!) THE RECORDS HERE, HAND WRITTEN PERSONAL WITTNESS STATEMENTS FROM C/Os, INMATES, ETC... TOWS OF CDC 7362, MANY DISREGARDED "A HUGE PAPER TRAIL"

DESCRIBE THE PROBLEM: 1RST OFF - HOW COULD YOU POSSIBLY THINK I WOULD GO SEE PODIATRIST OR HILL AFTER I CALLED HIM OUT (TOLD THE TRUTH) THAT HE IS A LI AND REFUSED ME PROPER MEDICAL ATTENTION CAUSING EXTREME PAIN AND STRES I FEAR HIS RETALIATION - SAME AS FIRST PODIATRIST - DR GALHLY! - MY OUTSIDE CONTACT SAID (STAY AWAY FROM THOSE DOCTORS UNTILL (I WAS LED TO BELIEVE) LANCASTER TOO UNTILL WE CAN GET TO THE VETERANS HOSP (PROPER MEDICAL ATTENTION) PERMENENT DAMAGE WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED? HAS PROPERLY BEEN DONE, WAIT TILL MAG WITHOUT -

I WANT AN ORTHOPEDIC SURGEON (OFF SITE), I WANT AN MRI, OR ATLEA PROPER X-RAYS (OFF SITE) I WANT THERAPY - ... OFF SITE, I WANT MY PAROLE AGENT TO KNOW THAT BECAUSE OF CAL'F STATE PRISONS ACTIONS I'M NOW HANDICAPPED, AND IN PAIN TO WALK, SURVIVE AND VERY STRE ON

DALE DOEWE — FEB-29-08

INMATE/PAROLEE'S SIGNATURE — DATE SIGNED

- LAST STATEMENT - WILL GET PROPER MEDICAL HELP FROM VETERANS HOSP

STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region 1. 2. | Log No. 1. 2. | Category

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
BOEWE DALE	V45728	MEDICAL HOLD/CRIPPLED AT CIM	MAG HALL/22

A. Describe Problem: SY FELIX - THE DOCTORS HERE AT CHINO CIM DENIED ME MY ORTHODICS ORDERED BY my OUTSIDE DOCTORS! MY ORTHODICS WERE TAKEN AWAY - N IM ON CONSTANT CRUTCHES, IN CONSTANT PAIN CANT STAND! THE DOCTORS L LIED TO ME, ABOUT WHAT I CAN-CANT HAVE - I HAVE All my RECORDS THAT PROOF IT ALL - AND WITNESSES (I TOLD you ABOUT my CHRONIC CONDITIO. I TOLD THE BOARD ABOUT MY CHRONIC CONDITION - THAT THE DOCTORS LIED TO ME! I JUST GOT BACK MY ANNUAL REVIEW PAPER FULL OF LIES - I NEVER STATED I WAS IN GOOD HEALTH) I WAS TOLD I BE OUT OF KITCHEN - AND my MEDICAL STATUS CRIPPLE! NOT FULL DUTY WHICH IS GOOD OK

If you need more space, attach one additional sheet.

B. Action Requested: TRUTH OF WHAT WAS TALKED ABOUT AT BOARD!

Inmate/Parolee Signature: [signature] Date Submitted: APR-10-08

C. INFORMAL LEVEL (Date Received: 4/22/08)

Staff Response: I interviewed you on 4-25-08 in regards to your appeal. You were advised to adress your medical concerns with the Medic department; Your appeal is partially granted. I will generate a new 128 chrono, stating your health was not willing to proceed.

Staff Signature: SY Felix CCI [signature] V45728 Date Returned to Inmate: 4/25/08

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

THE INFORMAL LEVEL STAFF RESPONDER FAILED TO RECOGNIZE THE FACT I ALREADY TRIED TO Address my MEDICAL CONCERNS WITH THE MEDICAL dept. INFORMAL LEVEL STAFF RESPONDER, A CLASSIFICATION Commity Member AT THE 2 APRIL OF CLASSIFICATION HEARING, HAD A-

Signature: [signature] Date Submitted: 9 MAY 08

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

CONTINUATION SHEET SECTION B APPEAL
DATED 9 MAY 08

→ DUTY TO TRY AND ASSIST ME WITH MY MEDICAL CONCERNS PER CCR TITLE IS AT

1. 3375(b)
2. 3375(f)(3 C 1,2)
3. 3375(f)(7)
4. 3375(g 1 D)
5. 3375(g 5 R)
6. 3375.2(b 15)
7. 3376(c 2 C)
8. 3043.5(b)(c)(d)(e)(g)

BUT THE CLASSIFICATION COMMITTEE VIOLATED THESE ABOVE ADMINISTATIVE LAWS by INTENTIONALLY disregarding MY MEDICAL NEEDS AND NOW my FEET HAVE BEEN PERMANENTLY injured due to THE intentional disregard OF MY MEDICAL NEEDS. THE CLASSIFICATION COMMITTEE IS ALMOST THE HIGHEST AUTHORITY TO HELP PRISONERS WITH THEIR NEEDS AND IF THIS AUTHORITY WOULD OF EXERCISED THEIR DUTY I WOULD OF RECEIVED THE MEDICAL CARE I DESPERATELY NEEDED AND STILL NEED. THE CLASSIFICATION COMMITTEE ALSO WAS to CORRECT THE INDICATIONS OF "FULL DUTY" AND THE ASSIGNMENT OF Kitchen Crew. I Cannot possibly be FULL DUTY →

SINCE I AM ON CRUTCHES AND (am.) barely get AROUND EVEN ON CRUTCHES, I Cannot be in AN ASSIGNMENT THAT requires STANDING (Kitchen Crew) SO THESE THINGS were to be addressed AND CORRECTED ON THE 128G ASWELL BUT were Not.

RESPECTfully Submitted

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST

CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY:
		18. ADA

NOTE: **THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES**

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

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MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

CHRONIC WOW / SEVERE PAIN IN FEET, LOWER LEGS, LOWER PAIN IN BACK!
PLANTAR FASCIA / HEEL SAME AS BEFORE!

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

1). YES - CHINO CIM. VETERANS HOSPT

I TOLD THE FIRST PODIATRIST I NEED X RAYS
YOU NEED TO SEE WHAT'S UP!
I'VE GONE FROM CANE - TO CRUTCHES - TO WHEEL CHAIR! BULLSHIT!

DESCRIBE THE PROBLEM: CAN'T STAND, CAN'T WALK WITHOUT CONSTANT PAIN / WOW - PAINTS PRESENT WHEN I'M TRYING TO SLEEP!

I SAW ANOTHER PODIATRIST WAITED 2½ MONTHS OR SO!
I SAW HIM FOR 2 MIN. TOLD ME I WILL BE TAKEN EXRAYS. IN 2 MONTHS

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

BULLSHIT!

MAKE MEDICINE ACCESSABLE!
MAKE EATING ACCESSABLE!
MAKE MEDICAL VISITS ACCESSABLE!
DO MAKE ME / SUFFER PAIN - TO EAT! TO GET MEDICAL HELP! MEDICATION

INMATE/PAROLEE'S SIGNATURE

DATE SIGNED

E
REC

SO TODAY I FOUND OUT, I'M CALLED A "STATE HOSPITAL" YOU LOST YOUR "STATE PRISON" MEDICAL LICENSE BECAUSE OF IMPROPER MEDICAL CARE! LIKE WITH ME!

INMATE/PAROLEE APPEAL FORM
CDC 602 (12/87)

Location: Institution/Parole Region — Log No. — Category

1. ____ 1. ____
2. ____ 2. ____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
DALE E BOEWE	V45728	MEDICAL B/M-	

A. Describe Problem: I'M SITTING HERE AGAIN AT DOCTORS LINE! I'M GOING TO SHOW DR SMITH THE LETTER, WHERE THE PODIATRISTS I SAW, CHANGED HIS STORY, OR LIKE PLEAD ED THE 5th! I SAW DR. SMITH RIGHT AFTER SEEING DR GALITY! THAT IS WHY DR. SMITH WROTE OUT A CHRONO FOR ORTHODICS! CAUSE HE IS TRYING ANYTHING TO GET ME SOME KIND OF THE MEDICAL ATTENTION I NEED! I'VE ALREADY WROTE HOME, AND TAMMY IS TRYING TO SEE IF THE VETERANS HOSPITAL, OR SOMEONE CAN MAKE ME SOME NEW ORTHODICS WITH OUT MY FOOT BEING CAST! MY ONLY PAIR WAS

If you need more space, attach one additional sheet. TAKEN AWAY FROM ME! COST 400.00 DOLLA

B. Action Requested: IT WAS 1127 HOBBLES ON CRUTCHES TO GET OVER HERE! THE CLINIC - "YOU CAN'T EVEN CALL YOURSELF A HOSPITAL ANYMORE BECAUSE OF WHAT I'M GOING THROUGH" CAN YOU! I NEED A BED MOVE TO HOSPITAL DORM - RIGHT NEXT TO CLINIC THERAPY, ORTHODI MRI, XR

Inmate/Parolee Signature: ____ Date Submitted: ____

C. INFORMAL LEVEL (Date Received: ____)

Staff Response: ____

Staff Signature: ____ Date Returned to Inmate: ____

D. FORMAL LEVEL
If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: ____ Date Submitted: ____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

17

STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST
CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY:
		18. ADA

NOTE: **THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES**

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
DALE BOEWE	V45128	CRIPPLED	CRUTCHES	MAGNOLIA 12

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

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Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:
CHRONIC PAIN NOW IN FEET LOWER LEGS, LOWER BACK, WHILE STANDING AND WALKING. TROUBLE SLEEPING AS PAIN REMAINS THRUOH NIGHT

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?
WALKING, BENDING my LOWER LEGS AND LOWER BACK, EXTREME PAIN AND BURNING, TEARING FEELING IN ARCHES!
VETERANS RECORDS, OUTSIDE PODIATRIST - your RECORDS

DESCRIBE THE PROBLEM: EXTREME PAIN, BURNING AND SUFFERING! FORCED TO WAL TO SURVIVE WITH-OUT APPLIANCES "ORTHOTICS" TRYING TO GET THEM "AS THEY WERE TAKEN AWAY 11 MONTHS AGO - NOW PAIN IS CHRONIC, AND AS I STATED, COULD BE PERMANENT

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?
WHAT I'VE ASKED FOR 11 MONTHS NOW - MY "ORTHOTICS" NOW ALSO "THERAPY - ICE/HEAT - WRAPS - BRACES - NIGHT SPLINTS - TREATMENT BY A TRUSTWORTHY NEUROLOGIST AND ORTHOPEDIC SPECIALIST!
SOMEONE WHO DOESN'T LIE TO ME LIKE DR DALHL, DR

INMATE/PAROLEE'S SIGNATURE — DATE SIGNED

17

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST
CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY:
		18. ADA

NOTE: **THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES**

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
DALE DOEWE	V45728	N/A		MAGNOLIA 12

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

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MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY: P.S. NOW IT'S WORSE THAN 3 YRS AGO!
SEVERE PAIN / WALKING - STANDING - NOW EVEN AT NIGHT WHEN SLEEPING
MY CONDITION WAS LIKE THIS 3 YRS AGO. I WAS FIXED WITH ORTHOPICS, NIGHT SPLINTS, TAPE!
WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY? (UNDER CONTROL)! THERAPY!
XRAYS, VETERANS HOSPITAL
OUTSIDE RECORDS - YOUR DOCTORS HERE,
THERE!

DESCRIBE THE PROBLEM: REAL SIMPLE - A SEVERELY FLAT IN FOOT (FEET) WAS NEAR COLLAPSE! ORTHOPICS PREVENTED THE FOOT FROM COLLAPSING NOW - IT HAS COLLAPSED - AS YOU TOOK MY ORTHOPICS AWAY! AND LIED TO ME ABOUT GETTING OTHERS! YOU DENIED ME MEDICAL ATTENTION - AND NOW I COULD BE CRIPPLED WITH CHRONIC PAIN!

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

INMATE/PAROLEE'S SIGNATURE

DATE SIGNED

17

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region 1. _____ 2. _____ Log No. 1. _____ 2. _____ Category _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER

A. Describe Problem: LOOK - I'VE HAD MY PAIN MEDICATION BUMPED UP BY DOCTOR SMITH CAUSE OF THE EXTREME PAIN! DR SMITH SAID I WOULD NOT SEE MY ORTHOPEDICS, THE PODIATRIST ARE WAY OVER LOADED, AND SO AREWE, HE TOLD ME, YOUR GOING TO HAVE TO WAIT IT LOOKS LIKE I'LL GET YOU OUT IN 5 MONTHS AND GO TO THE HOSPITAL (VETERANS) THERE NOT GOING TO GIVE YOU THE NEEDED THERAPY - THE STATE WILL NOT SUPPLY IT, OR DOES NOT HAVE PROPER PERSONEL, EQUIPMENT TO HANDLE YOUR NEEDS I FEEL SORRY FOR YOU - HERE IS A SCRIPT FOR YOUR PAIN! GET BACK TO ME IF YOU NEED MORE

If you need more space, attach one additional sheet.

B. Action Requested: _____

Inmate/Parolee Signature: _____ Date Submitted: _____

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

Exhibit G

DOCUMENTS PERTAINING TO DEFENDANT 2.10

California Institution for Men, Appeals Office

Trust Account Appeal

Appeal Screen-Out Form CIM 695 (Rev. 12/22/2004)

CDC 602 INMATE APPEALS SCREENING FORM

To: Boewe	CDC #: V45728	Housing: MIMH127L	Appeal Log#:

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

☐ Action or decision you are appealing is not within the jurisdiction of CDCR. CCR 3084.3(c)(1). ☐ Effective May 1, 2004, the BPH 1040 appeal process is no longer utilized. Issues concerning due process, grant or denial of parole, parole revocation, attorney or witness requests, early discharge, or good cause findings for hearings cannot be appealed. These types of appeal issues may now be forwarded to the courts asking them to change the BPH action or decision. ☐ Issue(s) concerning BPH clerical mistakes, mandatory discharge, credit eligibility during revocation terms, or other BPH rules of law may be addressed via a letter to the BPH Quality Control Unit, PO Box 4036, Sacramento, CA 95812-4036 ☐ You may submit a *GA-22 Request for Interview Form* to the BPH Trailers at the RCE Facility.

☐ You have already submitted an appeal on this same issue. CCR 3084.3(c)(2).

☐ You cannot appeal an anticipated action or decision not yet taken. CCR 3084.3(c)(3)

☒ You have not attempted to resolve your grievance at the Informal Level. CCR 3084.3(c)(4). Submit appeal to the following:

☐ *Counselor* ☐ *Work Supervisor* ☐ *Records Office* ☐ *Receiving & Release* ☒ *Trust Office* ☐ *Mailroom*
☐ *Unit Sergeant/Lieutenant* ☐ *I/M Assignment Office* ☐ *Employee who inventoried property* ☐ *Other:* _____

☒ You have not adequately completed your appeal and/or attached the necessary supporting documents. CCR 3084.3(c)(5). Complete and return the following document(s):

☐ *Completed CDC-115, CDC-115A, CDC-115C, I.E. Report* ☐ *CDC-7250 Sobriety Report* ☐ *All CDC-837 Incident Reports*
☐ *Lab Reports* ☐ *CDC-7219 Medical Report* ☐ *CDC-114D Ad-Seg Order* ☐ *CDC-128G ICC/UCC Action* ☐ *Current Trust Statement*
☐ *Property Inventory Sheet* ☐ *Receipt for property* ☐ *CDC-128A Counseling Chrono/128B General/128C Med/Psych/Dental*
☐ *CDC-7362 (Health Care Request) & Trust statement with co-pay charge* ☐ *CDC-128G Classification Chrono*
☐ *CDC Form 1858 Rights & Responsibilities* ☒ *Complete/Sign/Date the CDC-602* Section B
☐ *Other* _____

☐ You failed to file your appeal within 15 working days of the event or decision. The appeal is rejected. CCR 3084.3(c)(6)

☐ This issue has been addressed already. See attached correspondence. CCR 3084.2(g)

☐ You are abusing the appeal process. Your appeal is therefore rejected/cancelled. CCR 3084.3(8)

☐ *Excessive filing CCR 3084.4(a)* ☐ *Inappropriate statements CCR 3084.4(b)* ☐ *Excessive verbiage CCR 3084.4(c)*
☐ *Voluminous unrelated documentation, CCR 3084.3 (c)(8)* ☐ *Lack of cooperation CCR 3084.4(d)*

☐ You are not authorized to submit an appeal on behalf of another inmate(s). CCR 3084.3(c)(7)

☐ This appeal was resolved at a lower level. If you disagreed with the decision, you had 15 working days from when you received your appeal to file at a higher level. CCR 3084.6(c)

☐ Submit your request on a CDC-7362 (Health Service Form) and send it to the Medical Department for an appointment.

☐ A limit of one continuation page, front and back, may be attached to the appeal to describe the problem and action requested in section A and B of the form. CCR 3084.2(a)(1)

☐ You have failed to demonstrate an adverse effect on your welfare. CCR 3084.1(a)

☐ Remark(s) _____

☐ **Please correct the indicated problems and return your appeal.**

Screened Out # 1 | Date: 2/26/08

Note: Failure to follow instruction(s) given by Appeals Staff will be viewed as a lack of cooperation on your part and your appeal will be cancelled pursuant to CCR 3084.4(d). This screening decision may not be appealed unless you allege the above reason is inaccurate. In such a case, please return this form to the Appeals Coordinator with the necessary information. You have 15 days to comply with any of the above directives. CCR 3084.3(c)(6)

L. Carey SSA

Appeals Coordinator
CIM-MSF and Reception Centers

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

CIM
FEB 26 2008
SIO #5 Sign/date
Section B
#4 Trust

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region _____ Log No. 1. _____ 2. _____ Category 16 restitution

AA

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Bowe	V45728	N/A	MAC Hall 122

A. Describe Problem: My Restitution is Paid in Full, yet when Money is sent to me (you still take out 55 per cent) My Restitution is well over Paid! Someone said that I get it back from my Parole Agent! Thats against the Law! You cant collect Intrest on my Money! And give it back when it pleases you! My wife is trying to call (you!!) or she has all Bank statements and totals!

If you need more space, attach one additional sheet.

B. Action Requested: Quit taking my Money. I will go to Attorney General! You can't keep everyones Money and collect the Intrest! That is against the Law!

Inmate/Parolee Signature: Dale Bowe Date Submitted: _____

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

COPY GOES TO INMATE / YOUR 2. PERSONAL FILE 3. ATTORNEY GENERAL

MAR 13 2008 S/O # 8 inappropriate Statement

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region 1. _____ 2. _____

Log No. 1. _____ 2. _____

Category 16 restitution

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
BOEWE	V45728	MED HOLD - ARTS CORRECTIONS	MAGHALL 122

A. Describe Problem: WHY IS RESTITUTION BEING TAKEN OUT OF MONEY SENT IN STILL, MY COUNSLER AND I REVIEWED THE PRINTOUT AND 600 DOLLARS WAS PAID A LONG TIME AGO, MY COUNSLER WANTS A PRINT OUT SHOWING THE AMOUNT OF THE CHECKS SENT IN! "FULL AMOUNTS" NOT JUST WHAT YOU PUT ON MY INMATE FUND! MY COUNSLER SAYS IT'S IN VIOLATION OF THE LAW IF YOU ARE HOLDING (NOT IF - YOU ARE) HOLDING MY MONIES SOME PLACE THAT COLLECTS INTREST (FEDERAL CRIME)! IM REQUESTING A FULL PRINT OUT OF ALL TRANSACTIONS! (COUNSLER AND I AWAIT)

If you need more space, attach one additional sheet.

B. Action Requested: ~~Statement~~

Inmate/Parolee Signature: D. L. Boewe Date Submitted: FEB-20-08

C. INFORMAL LEVEL (Date Received: 2-29-08)

Staff Response: statement enclosed.

Staff Signature: C. Dale Date Returned to Inmate: 2-29-08

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

ARE YOU IN A MORONIC PHASE? YOU STILL DID NOT SHOW LEGAL DOCUMENT SHOWING (LIKE THE COURTS RECORDS I HAVE) MY TOTAL RESTITUTION ORDERED BY COURT! PLUS - YOU BURIED YOURSELF BY SHOWING YOU KEPT $50.00 DOLLARS OF OF MY FIRST CHECK! 4 MORE FOLLOWED - YOUR BURNS

Signature: D. L. Boewe Date Submitted: MARCH - 2008

Note: Property/funds appeals must be accompanied by a completed Board of Control Form BC-1E, Inmate Claim

CDC Appeal Number:

SHOW ME, IM GOING STRAIGHT TO WARDEN C. DALE! (OR I SHOULD SAY MY WIFE IS)

COPY 1 OF 3 LAW LIBRARY

REPORT ID: TS3030 .701 REPORT DATE: 02/20/08
PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIF. INSTITUTION FOR MEN
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: FEB. 01 2008 THRU FEB. 20, 2008

ACCOUNT NUMBER : V45728 BED/CELL NUMBER: MINH000000000127L
ACCOUNT NAME : BOEWE, DALE ERNEST ACCOUNT TYPE: I
PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
02/01/2008		BEGINNING BALANCE					0.00
02/06*	DD30	CASH DEPOSIT	4063/MR		90.00		90.00
02/11	FC02	DRAW-FAC 2	4197/MSF01			55.00	35.00
02/19	W415	CASH WITHDRAWN	4285 190	194513004		20.00	15.00

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
01/09/2008	H109	LEGAL POSTAGE HOLD	3630/LPOST	2.50
02/12/2008	H114	COPAY FEE, MED.	4206031200	5.00
02/12/2008	H114	COPAY FEE, MED.	4207/MAR13	5.00

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 04/05/07 CASE NUMBER: KA078470
COUNTY CODE: LA FINE AMOUNT: $ 400.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
02/01/2008		BEGINNING BALANCE		200.00
02/06/08	DR30	REST DED-CASH DEPOSIT	100.00-	100.00

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	90.00	75.00	15.00	12.50	0.00

Twenty Dollar's Sent Home From Me So.

Tammy Swawn Can Mail Back My Orthotics For A Third Time!

FEB-18- All I Got Was An Empty Padded Package, They Now Stole My Temp Medical Appliances! This is Horrible!

TS210B CALIFORNIA DEPARTMENT OF CORRECTIONS
ITAS TRUST ACCOUNT DISPLAY

---------- ACCOUNT INFORMATION ---------- ------ SPECIAL ITEMS -------

ACCOUNT NUMBER: V45728
ACCOUNT NAME: BOEWE, DALE ERNEST
ACCOUNT TYPE: I
CURRENT BALANCE: 219.84
HOLD BALANCE: 0.00
ENCUM. BALANCE: 0.00
AVAILABLE: 219.84
PRIVILEGE GROUP: A
LAST CANTEEN: 09/10/2007

---------- ACCOUNT TRANSACTIONS ----------TS210CA

DATE	TRAN	AMOUNT	DESCRIPTION	CHECK NUM	COMMENT	BALANCE
09/10/07	FC02	90.00-	DRAW-FAC 2		1451/MSF1	405.00
09/11/07	DD30	45.00	CASH DEPOSIT ON		1466/MR171	450.00
09/12/07	W536	5.00-	COPAY CHARGE		1533/COPAY	445.00
09/13/07	W534	20.00-	MEDICAL CHARGE		1579/CANE	425.00
09/18/07	W501	5.16-	SHIPPING CHARGE		1662/ UPS	419.84
09/26/07	W415	200.00-	CASH WITHDRAWAL	194-511961	1881 193	219.84

PAGE# 1 OF 2 PAGES

REST FINES | ACCOUNT DISPLAY | PREVIOUS PAGE | NEXT PAGE | DISPLAY HOLDS | SELECT NEW ACCT | PRINT SCREEN | MAIN MENU

"ORTHODIC'S SENT BACK" TO
TAMMY SWANN - POWER OF ATTORNEY
9-18-07

Copied - March - 3 of 5

(3)

S210B CALIFORNIA DEPARTMENT OF CORRECTIONS
ITAS TRUST ACCOUNT DISPLAY

---------- ACCOUNT INFORMATION ---------- ------ SPECIAL ITEMS -------

COUNT NUMBER: V45728
ACCOUNT NAME: BOEWE, DALE ERNEST
ACCOUNT TYPE: I
RRENT BALANCE: 12.50
HOLD BALANCE: 12.50
NCUM. BALANCE: 0.00
AVAILABLE: 0.00
IVILEGE GROUP: A
LAST CANTEEN: 02/11/2008

---------- ACCOUNT TRANSACTIONS ----------TS210CA

DATE	TRAN	AMOUNT	DESCRIPTION	CHECK NUM	COMMENT	BALANCE
9/11/07	DD30	45.00	CASH DEPOSIT ON		1466/MR171	450.00
9/12/07	W536	5.00-	COPAY CHARGE		1533/COPAY	445.00
9/13/07	W534	20.00-	MEDICAL CHARGE		1579/CANE	425.00
9/18/07	W501	5.16-	SHIPPING CHARGE		1662/ UPS	419.84
9/26/07	W415	200.00-	CASH WITHDRAWAL	194-511961	1881 193	219.84
0/12/07	FC02	120.00-	DRAW-FAC 2		2138/NSF 1	99.84

GE# 2 OF 3 PAGES

REST FINES	ACCOUNT DISPLAY	PREVIOUS PAGE	NEXT PAGE	DISPLAY HOLDS	SELECT NEW ACCT	PRINT SCREEN	MAIN MENU

* OUT OF 1000.00

BRAIN SURGEONS

THANKS FOR GIVING THIS TOO ME!

BIG MISTAKE

NO WONDER THE STATES OUT OF FUNDS YOU LOST THEM!

DID YOU GO TO COLL.
I DID!

CIM
MAR 13 2008

Exhibit H

Document pertaining to defendant 2.11

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE	TO	FROM (LAST NAME)	CDC NUMBER
MAR-8-08	LT. SAMS	BOEWE	V45728

HOUSING	BED NUMBER	WORK ASSIGNMENT	JOB NUMBER
HAG-HALL	127L	ON CRUTCHES MED. HOLD	FROM NA TO NA

OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)
N/A

ASSIGNMENT HOURS
FROM NA TO NA

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

SIR - YOU HAD HELPED ME BEFORE ON SOME VITAL INFORMATION, I WOULD APPRECIATE SOME MORE ADVICE ON MEDICAL NEEDS! HELP ME GET MY MEDICAL PPLIANCES, ORTHOPEDIC SHOES, TITEY WERE (THANK-YOU!) SENT WITH DOCTORS ORDER'S, BUT MAILED BACK THREE TIMES!

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY | DATE

DISPOSITION

Exhibit I

Documents pertaining to defendant

2.12

12

PRISON LAW OFFICE
General Delivery, San Quentin, CA 94964-0001
Telephone (415) 457-9144 • Fax (415) 457-9151
www.prisonlaw.com

MEMORANDUM

To: Charles Antonen, Deputy Attorney General
From: Steve Fama/PY
Date: 10/12/2007
Re: *Plata* 4 – Individual Inmate Possible Urgent Medical Concern – Request for Review

---

Dale Boewe V-45728 CIM Region 1

Mr. Boewe may have an urgent medical concern. In a letter received 10/9/07, Mr. Boewe informs us that he requires orthotic devices and physical therapy in order to maintain his normal walking ability. He states that he was previously able to regain his ability to walk after a year of therapy at an outside hospital, but at CIM, he has been waiting for over two months to see a specialist regarding devices for his feet.

Mr. Boewe states that he recently fell and severely twisted his ankle, and although a doctor ordered crutches for him, he never received any. He informs us that he is barely able to walk, and has stopped going to chow hall for dinner due to the pain. He is concerned that the lack of treatment and assistive devices may be causing major damage that will permanently affect his walking abilities.

Please respond to the following:

1. Has Mr. Boewe been scheduled to see a podiatrist or an orthotics specialist? If so, approximately when will this appointment occur?

2. Has Mr. Boewe been seen by a PCP with regards to his difficulties walking? If so, what is the diagnosed condition that affects Mr. Boewe's mobility, and were any treatments recommended? Has he received the recommendations? Please explain.

PRISON LAW OFFICE
General Delivery, San Quentin, CA 94964-0001
Telephone (415) 457-9144 • Fax (415) 457-9151
www.prisonlaw.com

November 6, 2007

Dale Boewe, V-45728
CIM
PO Box 500
Chino, CA 91708

Nov-20-07

Dear Mr. Boewe:

I write in response to your letter, received by our office on October 9th, 2007. In your letter, you indicate that you had multiple accommodations confiscated from you, and discuss difficulties you have had receiving a pair of crutches. You say that you were issued a chrono for crutches, but CIM medical staff told you they were out, and never provided them to you. You say walking causes you a great deal of pain, and as a result you are unable to go to pill line to get pain medication, and have been missing dinner. I am so sorry to hear about your difficulties. Lawyers from our office who work on the Plata case have advocated on your behalf regarding your medical care. I am writing to address your disability concerns under a case called Armstrong. We previously sent you information about this case. I would like to ask you a few questions about your current situation. I enclose a postage-paid envelope for your response.

1. You say in your letter that you had orthotics, walking aids and therapy before you went to prison. Did you have these with when you arrived at CIM? If so, who took them from you? When were they taken?

2. What type of orthotics do you use? When you say you had "wraps" are you referring to sleeves for your ankles? Please clarify.

3. Have you asked for assistance getting to medical line or dinner? Have you asked to be provided with a wheelchair? Have you tried to file an 1824 appeal about these issues?

4. What disability accommodations do you currently need?

The information that we've sent you explains how to file an emergency 1824 appeal. If you file an appeal, and still are not being accommodated, you should send us a copy (handwritten

copies are fine; do not send original documents) of the appeal with response, and then file it to the next level. When we receive a copy of your appeal and your answer to my questions, we will be better able to determine whether we can assist you under the Armstrong case.

Take care.

Sincerely,

Alexander Johnston
Litigation Assistant under Megan Hagler

Enclosures: SASE;

EXHIBIT J

DOCUMENTS PERTAINING TO DEFENDANTS INTENTIONAL DISREGARD OF PLAINTIFF'S NEEDED MEDICAL CARE.

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

784678
DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE BOEWE	V45728	OAK HALL C-104 UP
PATIENT SIGNATURE: Dale Boewe		DATE: Aug-31-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I NEED TO SEE PODIATRIST AS PROMISED STILL EXTREMELY PAIN FULL ON ALOT OF MEDICATION'S, BUT DELUSRAY IS SEPARATE. SOMETIMES (EVERY OTHER TIME THE NURSE SAYS THE COST MEDICATION DOESN'T COME UNLESS IT'S TAKEN DAILY ON TIME, THE MEDICATION THE HOSPICE GAVE ME HAS TOTALLY MESSED WITH MY SYSTEM, BLOOD IN STOOL ISNAPASIS OF EFFECT, HOW COME THE PILL LOOK DIFFERENT, SOMEHOW I GOT A HOLE

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received:	9/6/07 9:15	Received by:	O. Salvador RN
Date / Time Reviewed by RN:	9/6/07 9:15	Reviewed by:	O. Salvador RN

S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

You are scheduled for Podiatry early October

O: T: P: R: BP: WEIGHT:

A:

P:

☐ See Nursing Encounter Form

E:

APPOINTMENT SCHEDULED AS:	EMERGENCY (IMMEDIATELY) ☐	URGENT (WITHIN 24 HOURS) ☐	ROUTINE (WITHIN 14 CALENDAR DAYS) ☐
REFERRED TO PCP:		DATE OF APPOINTMENT:	
COMPLETED BY		NAME OF INSTITUTION	

PRINT / STAMP NAME	SIGNATURE / TITLE	DATE/TIME COMPLETED

CDC 7362 (Rev. 03/04) Original - Unit Health Record Yellow - Inmate (if copayment applicable) Pink - Inmate Trust Office (if copayment applicable) Gold - Inmate

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE BOWLES	V45728	REDWOOD B113 LOW

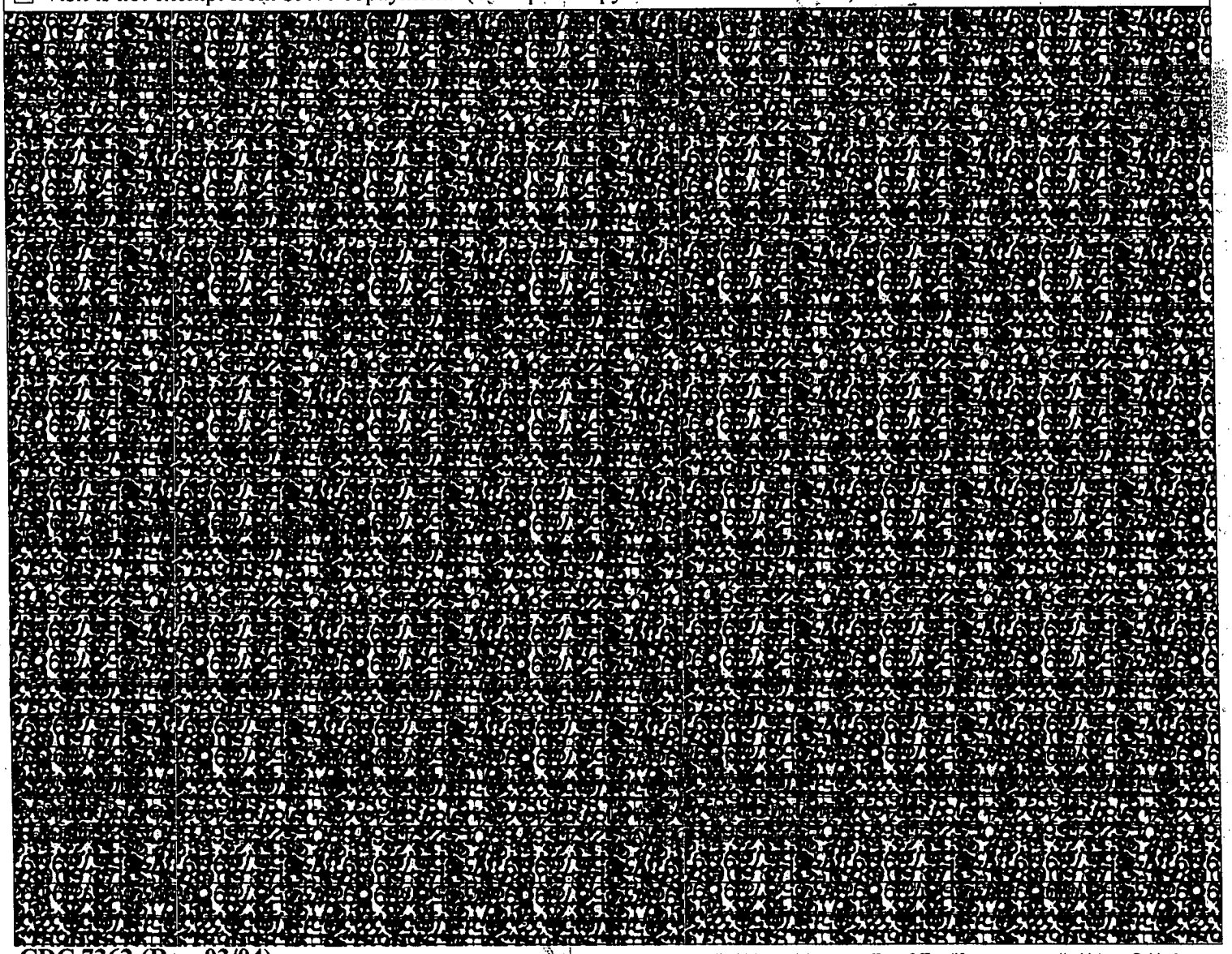
PATIENT SIGNATURE	DATE
DALE BOWLES	SEPT-21-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) COULD I EXCHANGE MY CANE YOU GAVE ME FOR CRUTCHES, ATLEAST UNTIL I SEE PODIATRIST WHICH I HOPE IS SOON! WAS TO PAINFUL MOVEMENT FOR THE CANE ALONE! SHOULD NOT HAVE ANY PRESSURE! CONCRETE IS THE WORST!

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)



STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

3 HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

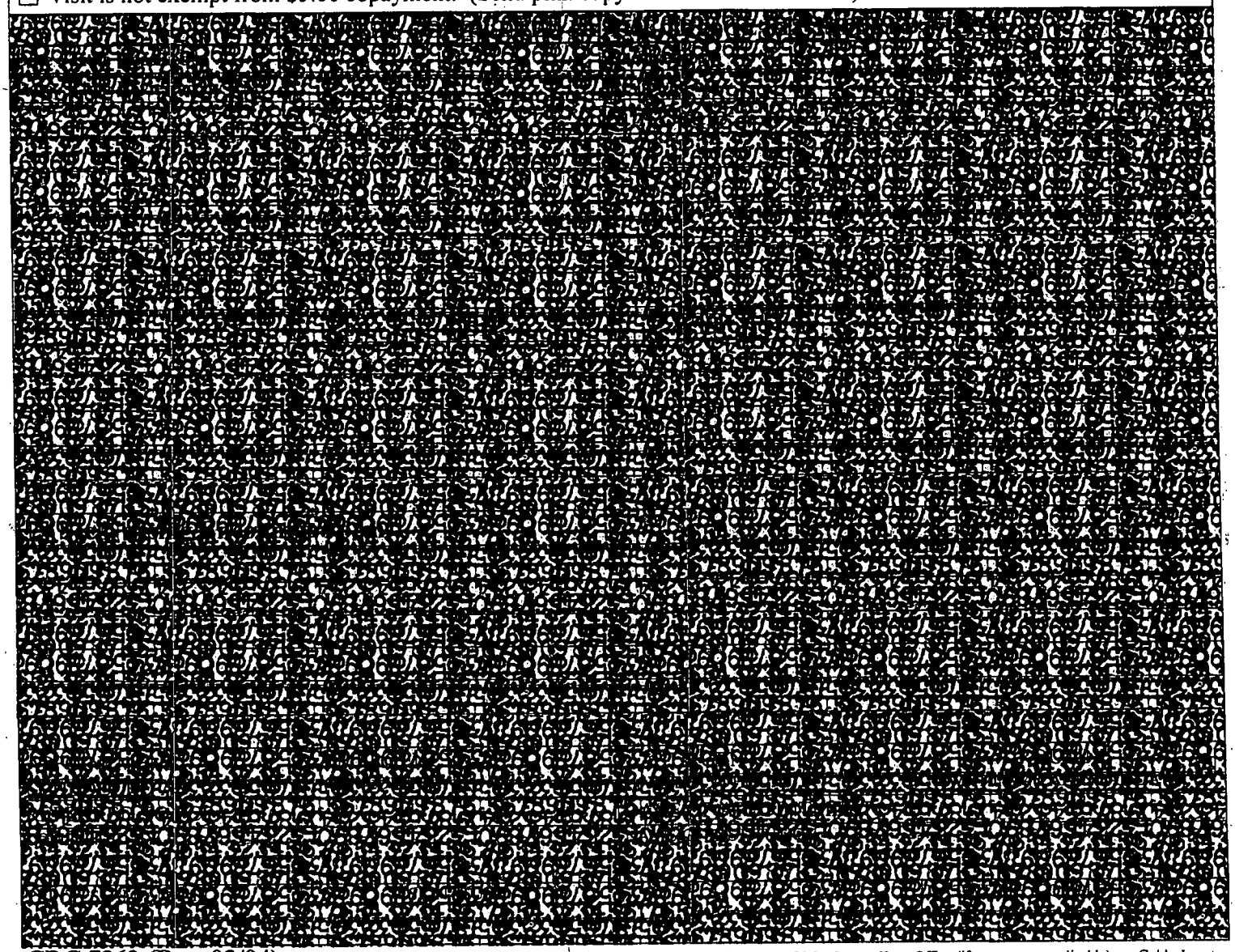
NAME	CDC NUMBER	HOUSING
DALE E DOTSON	V45728	KIVA 113L
PATIENT SIGNATURE		DATE
		SEPT-23-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I NEED TO SEE PODIATRIST - NEED ORTHOTICS, NEED THIS ARM NEED CONFIRMATION ON T3 TEST, NEED MRI TO SEE DAMAGE DONE BY CONTINUED WALKING. OVER 6000 STEPS ON THE MEDICAL ALONE JUST TO TRY TO GET HELP. AND AGAIN - IT'S JUST PAIN MEDICATION - NOT HELPING THE PAIN/SPASM - HURTING!!

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)



STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DAVE E DOWE	V45728	KEDWOOD 113L

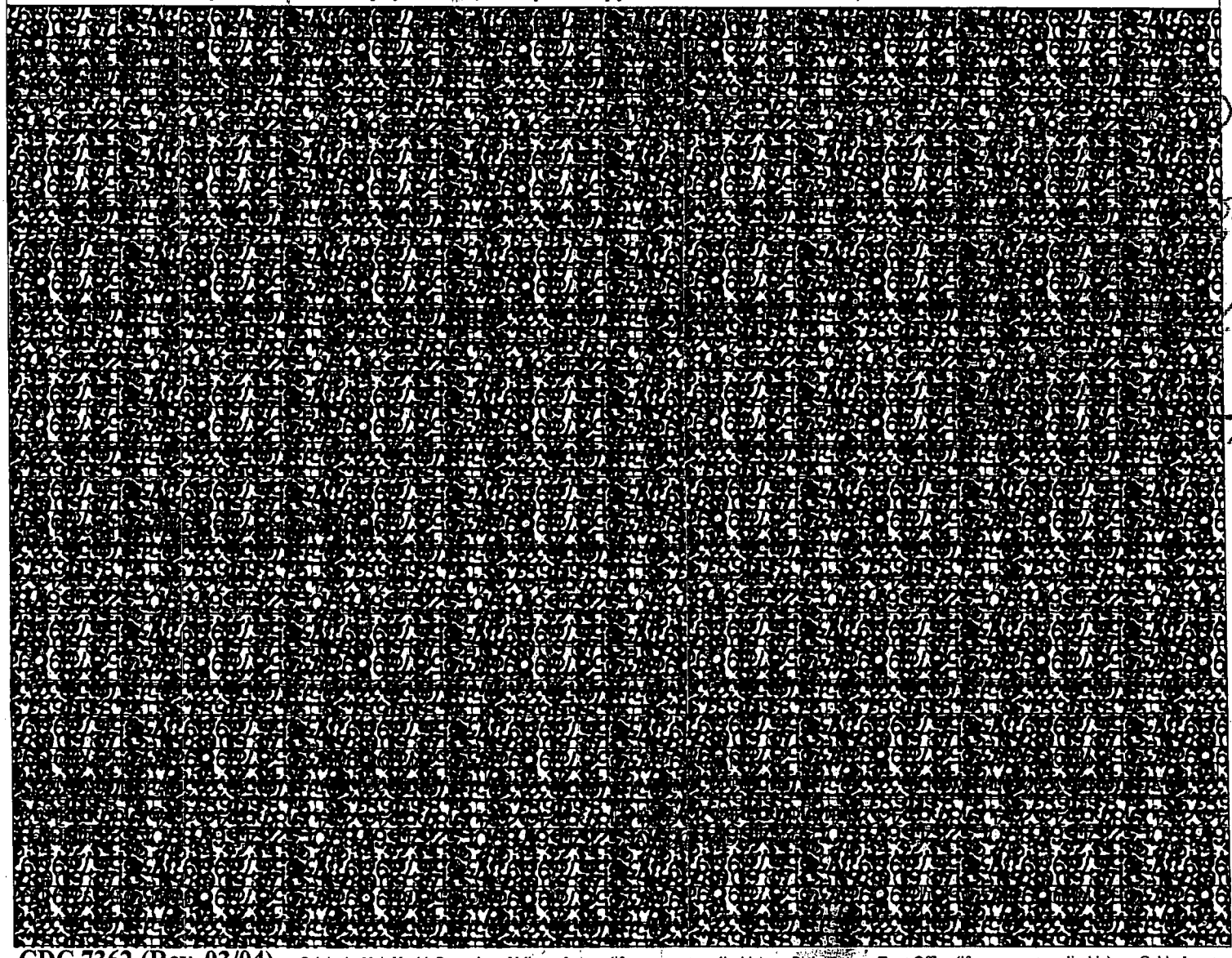
PATIENT SIGNATURE	DATE
DED	OCT-6-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) IS THIS! CAN YOU LET THE PRISON SYSTEM KNOW I'M HANDICAPPED BECAUSE OF LACK OF PROPER MEDICAL CARE! I'VE BEEN WAITING TO GET TO FOOT SPECIALIST, WHILE CONDITION GET "WORSE" 2 MONTHS", IT TOOK ME 7 MONTHS TO GET CRUTCHES AFEL ORTHODICS WERE TAKEN AWAY, NOW THEY'VE GIVEN ME A SHOE WHERE I CANT HAVE THEM, MUST WALK STAND MORE! WHEN

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)



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STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE E DOEANE	V45728 F	REDWOOD 113 LOW

PATIENT SIGNATURE: Dale E Doeane

DATE: OCT-9-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I NEED A CHRONO FOR SOFT ASSIGNMENT. IT'S HARD TO MAINTAIN AND A TOLERANCE TO ANY TYPE OF HEATING THAT I HAVE TO STRUGGLE TO GET SOMETHING TO EAT, GET MEDICATION. I STILL HAVE NOT SEEN A FOOT SPECIALIST AS I'VE BEEN BEGGING FOR (FOR 7 MONTHS - 4 MONTHS HERE). I CAN NOT BE EXPECTED TO DO IT SO KEEP ASKING (100'S WALKING, LIFTING, STAND

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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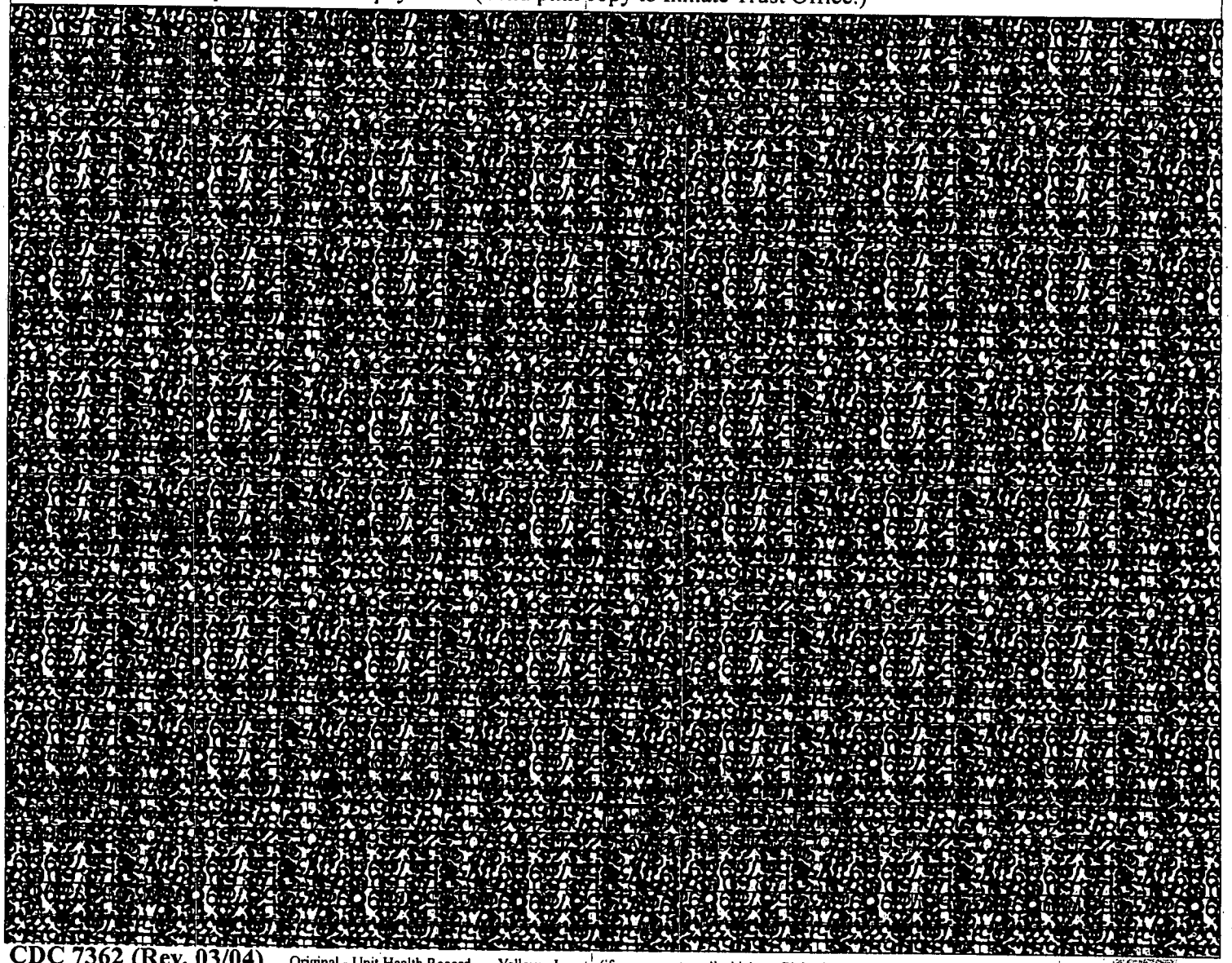

CDC 7362 (Rev. 03/04) Original - Unit Health Record Yellow - Inmate (if copayment applicable) Pink - Inmate Trust Office (if copayment applicable) Gold - Inmate

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

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REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE BOEUS	V45728	RC 0000 113 Low

PATIENT SIGNATURE	DATE
[signature]	OCT - 13 - 07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

PAIN IS NOW PRESENT ALL NIGHT LONG, WHY HAVE I NOT SEEN THE PODIATRIST YET!

THIS IS LIKE TORTURE, NEW MEDICATION NOT WORKING!

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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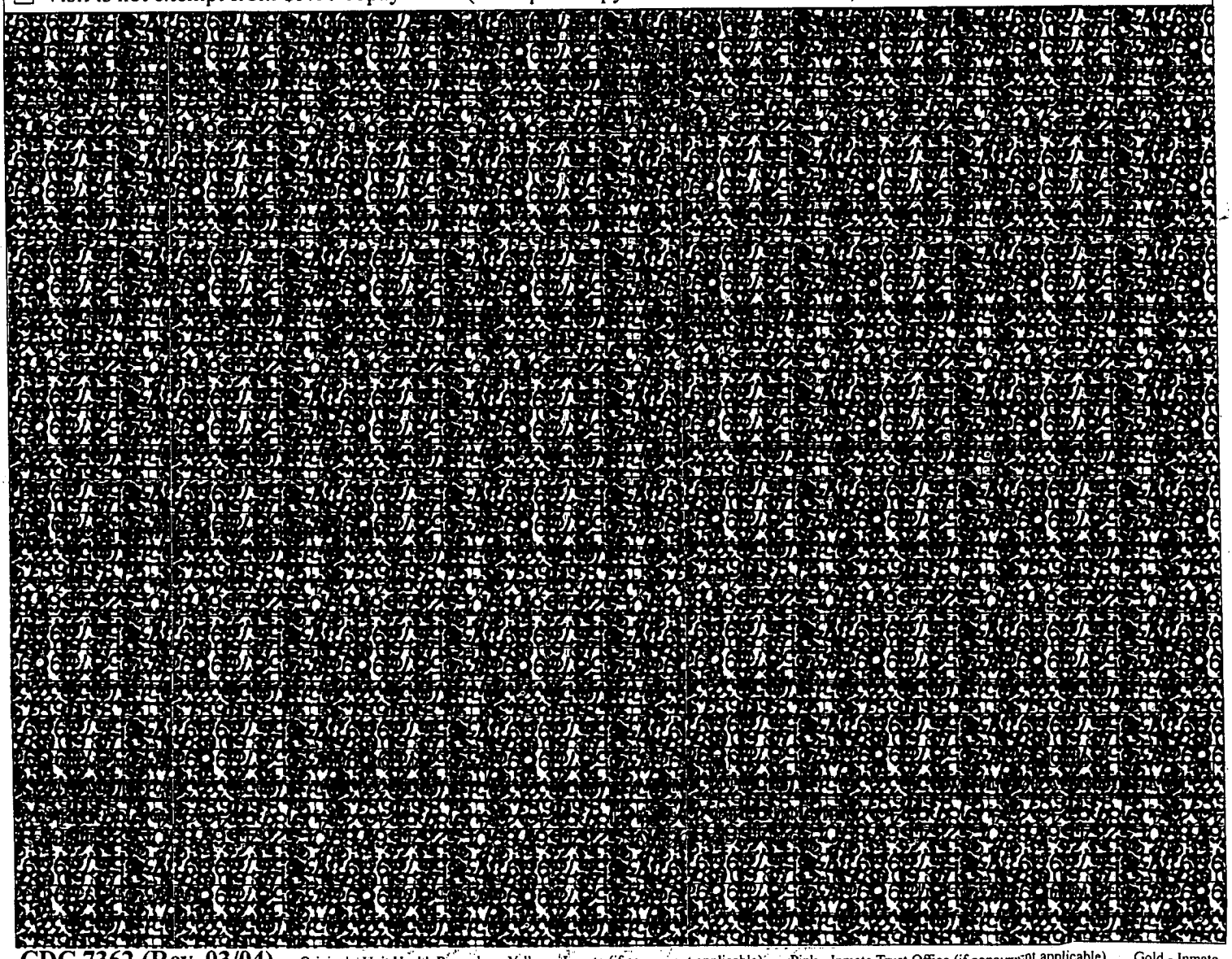

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STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

7

PART I: TO BE COMPLETED BY THE PATIENT

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If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE BOZWE	V45728	REDWOOD 113L

PATIENT SIGNATURE: [signature] DATE: OCT-17-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) HOW CAN YOU STOP MY MEDICATION WITH-OUT EVEN SEEING ME, A NURSE OR DOCTOR "CHECKING ME OUT! ASKING ME IF I'M OK! BETTER, OR IF THE CONDITION OR PAIN HAS GOTTEN WORSE! IS IT TRAVELING UP FUTHER AND FURTHER UP MY LEGS "YES IT IS" BUT I'VE ALREADY SAID THIS! IT NOW TAKES WEEKS TO GET CONTINUED CARE I NEED! RIDDLE IS IT.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM.

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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[redacted]

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

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If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE DOEWE	V45728	KEOW000 113Low

PATIENT SIGNATURE: DLD

DATE: OCT-18-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) SAW THE PODIATRISTS ON 10-17-07, HE INFORMED ME THAT I COULD NOT HAVE MY "DOCTOR ORDERED" ORTHODICS OR SPLINTS IN CALIFORNIA STATE PRISON. BUT I PERSONALLY KNOW AN INMATE WHO HAD THEM MADE FOR HIM IN PRISON 3 MONTHS AGO. THERE IS A MUST TO STOP PAIN AND FURTHER DAMAGE! SO HE TOLD ME TO GET WITH THE DOCTOR TO GET PRESCRIPTIONS OR PAIN MEDICATION! I NEED TO SEE DR. SMITH!

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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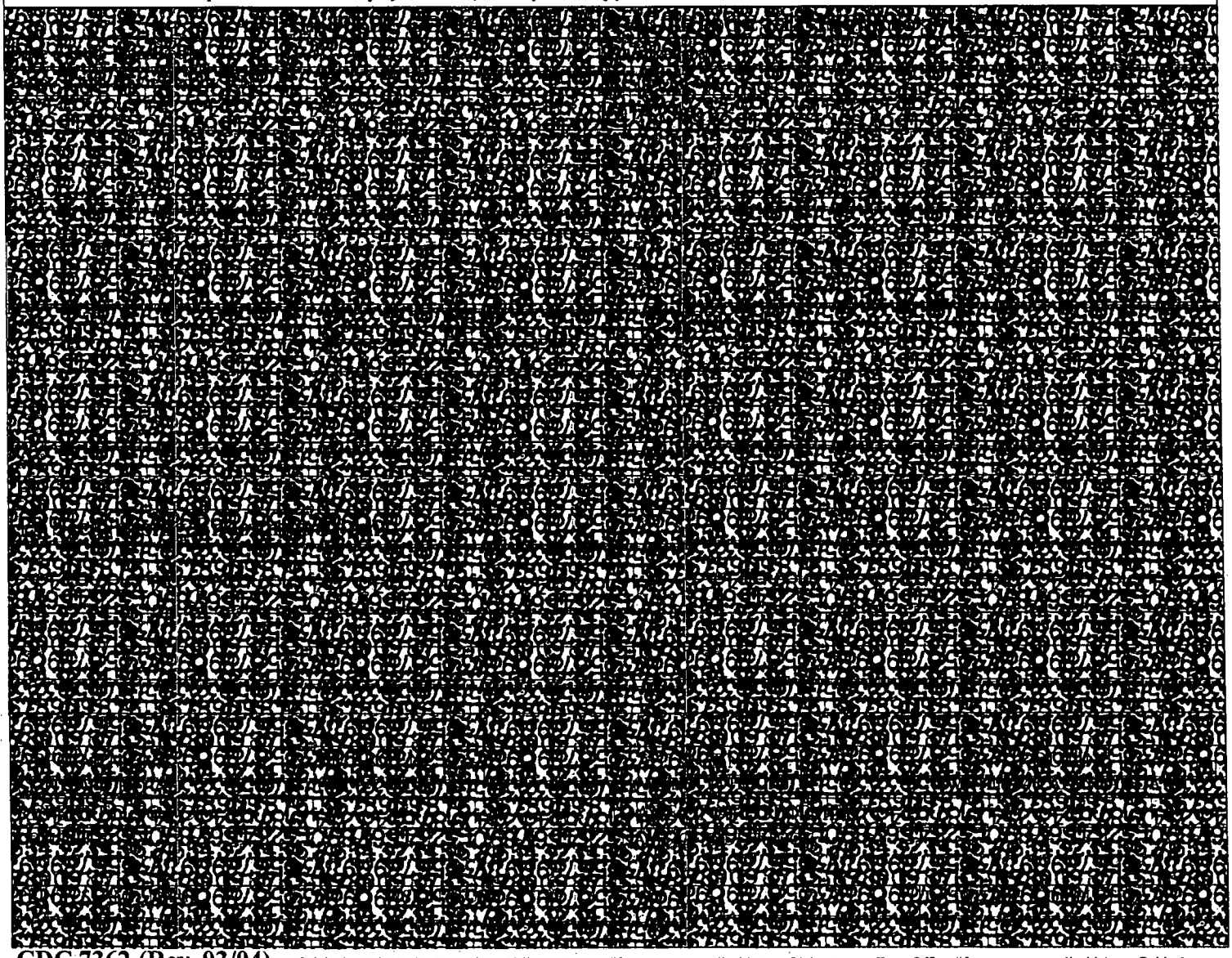

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8106385

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

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REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
Dale Doewe	V45728	Redwood 113

PATIENT SIGNATURE	DATE
[signature]	Nov-5-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) Need to see Doctor for further detailed medical [illegible], [illegible] would not let me have orthotics/shoes must be contained in package to assure proper fit! Talked to inmate who had orthotics built for him in prison, they casted his foot (feet) I have name of doctor and location! [illegible] at [illegible]/NK... (after mailing again) MED - should take care of this (shoes on them)

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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[redacted]

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STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

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REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
Dale E Doewe	V45728	Redwood 113

PATIENT SIGNATURE	DATE
[signature]	Nov-6-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) PLEASE SET ME UP WITH ANOTHER APPOINTMENT WITH PODIATRISTS! I HAVE TALKED TO ANOTHER INMATE WHO GOT ORTHOTICS! I ALSO NEED MORE VITAMINS - YESTERDAY - I WENT TO MEDICAL BUT I WAS NOT CALLED! TRYING ANOTHER REQUEST. IF THEY CALLED ME, I MIGHT HAVE BEEN AT THE CLOSEST RESTROOM FACILITY, 400 YARDS AWAY - AND ON CRUTCHES! WHY IS THAT?

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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[redacted]

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

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REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE BOSWELL	V45728	REDWOOD N3

PATIENT SIGNATURE	DATE
[signature]	02-27-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) DR SMITH - LAST MONTH I GOT CORTISONE SHOTS. PAIN IS SEVERE, ESPECIALLY UP THE ACHILLES TENDON! SOMETHING IS TEAR... I THINK - I'VE SENT PAPERWORK TRYING TO GET THE VETERANS HOSPITAL TO SEND ME ORTHOPEDICS".

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

12 "AUGUST" DEC 08

HEALTH CARE SERVICES REQUEST FORM

769287
DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

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If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE [illegible]	V45725	MAS.N.K/A 127 [illegible]

PATIENT SIGNATURE: [signature] DATE: Dec-2-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) DR. SMITH - THE PODIATRIST TODAY LOOK AT MY FEET - AND TOLD ME WE NEED TO TAKE XRAYS! I TOLD HIM THAT'S WHAT YOU SAID LAST TIME (A MONTH AGO - I TOLD HIM HE WAS WRONG ABOUT OUTSIDE RECORDS BEING SENT IN! HE SAID - IT TAKES TWO YEARS! MOST OF THE TIME HE SPENT TALKING TO THE TWO NURSES ABOUT HOW MUCH HE DRANK (ALCOHOL) OVER THE HOLIDAYS! NOW I SEE HIM IN ANOTHER MONTH! I WANT SET ORTHODICS (HELP TELL 'EM OUT, PLEASE I NEED TO SEE YOU ABOUT THE CONSTANT PAIN

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM I WILL GO TO THE VETERANS HOSPITAL AND IN OUT WITH SUMMARY

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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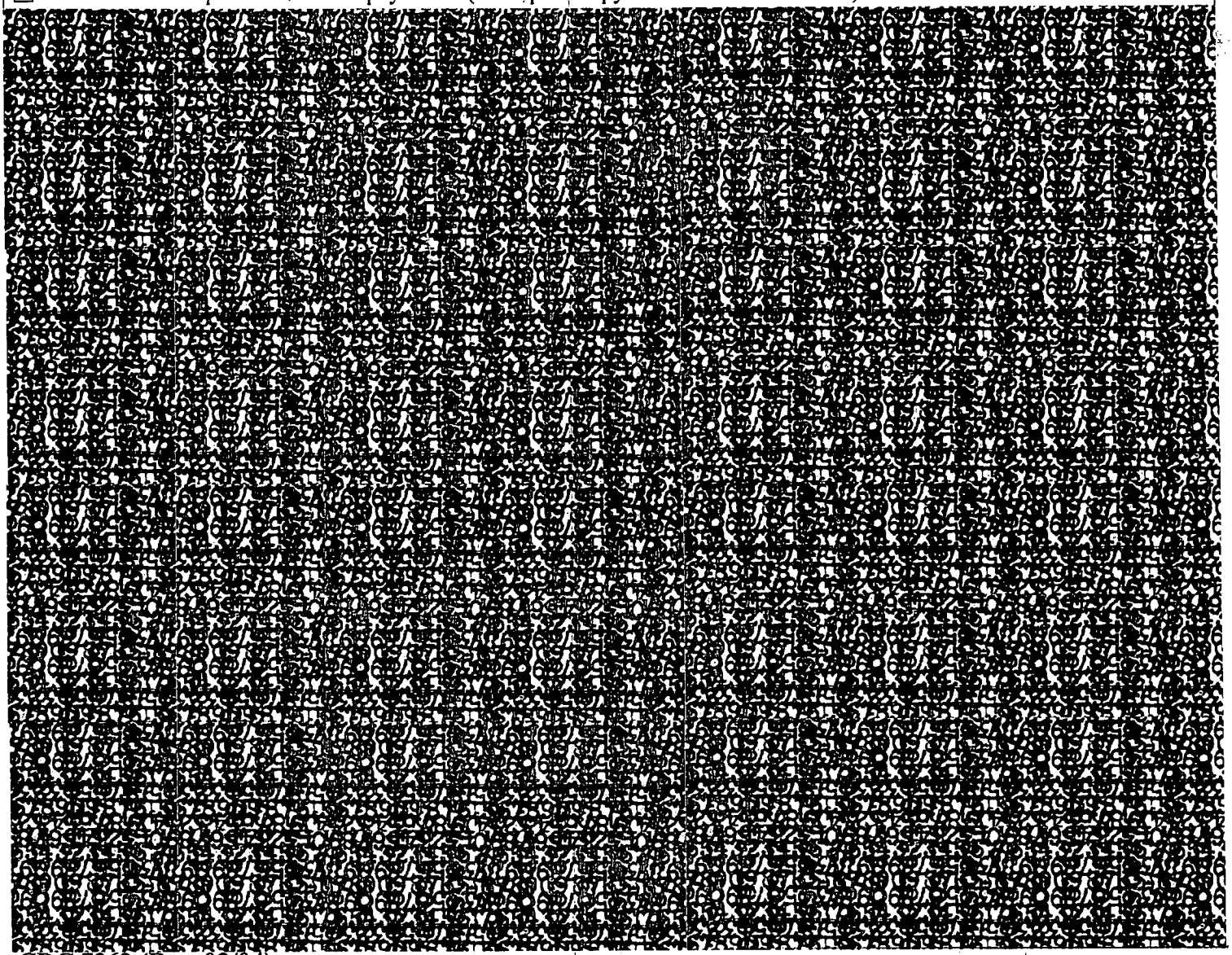

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

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REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE BOWE	V45728	RC DORM 113 LOW

PATIENT SIGNATURE: [signature]

DATE: DEC-5-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) DO I'M GET A NEW PODIATRIST YET! I NEED TO SEE ONE MADE THIS ONE WILL BE HONEST AND GIVE ME MY ORTHOTICS THAT I HAVE'VE DENIDE ME! "COULD I GET CORTIZONE SHOTS TO TAKE THE PAIN! WRAP IS WORN OUT TOO. WHO YOU GET ANY BLOOD WORK IN LAST TIME YOU (LAST 4 TIMES) WERE OUT THERE! DR SMITH. DOES NOT LOOK GOOD AT LABS (NEED TO BE CASTED FOR FITA

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

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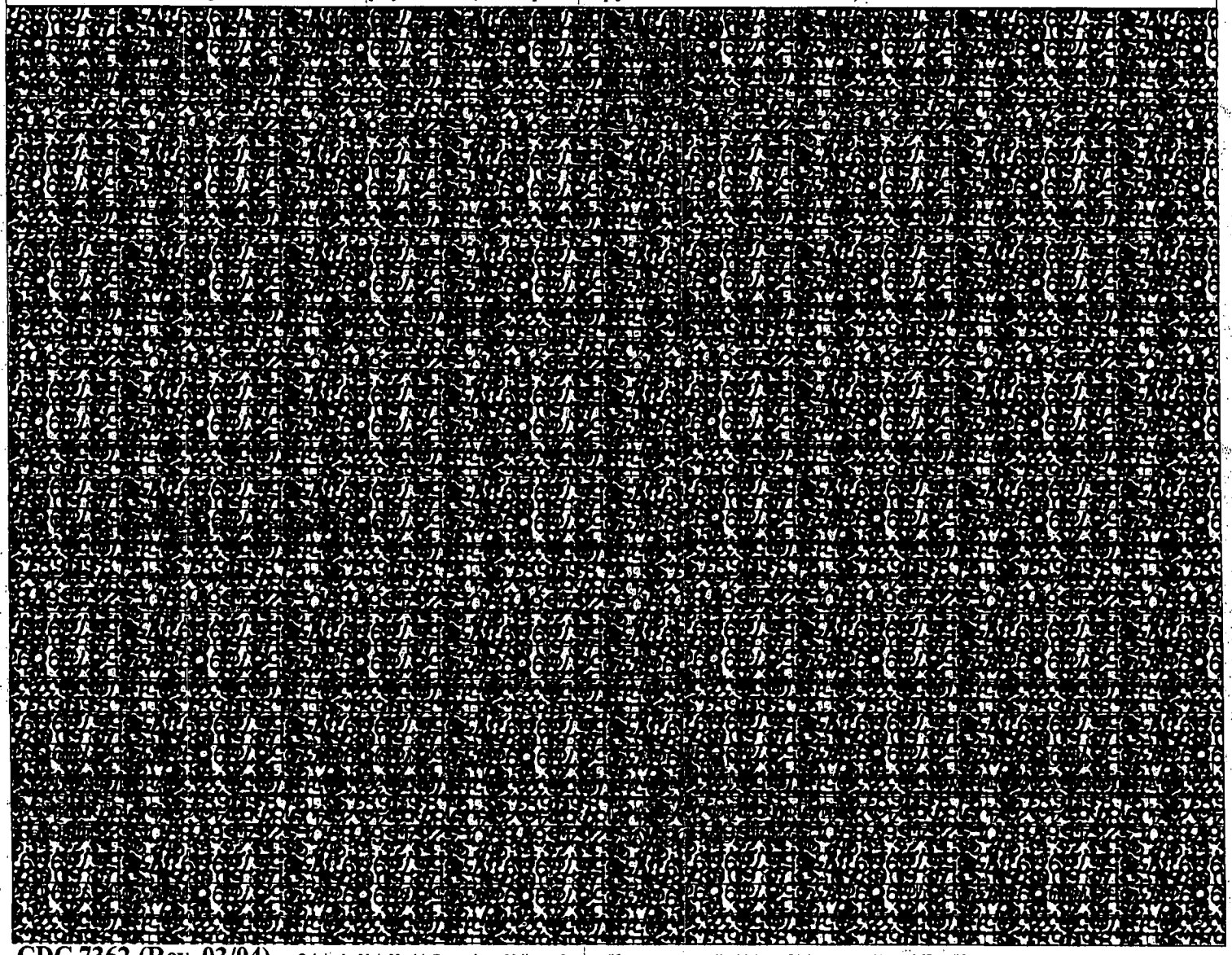

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

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REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
[redacted]	V45725	[redacted]

PATIENT SIGNATURE [redacted] DATE Dec-5-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I NEED TO BE REDUCED. I WAS WAITING TO SEE DOCTOR SMITH AND WAS CALLED AWAY. TRYING TO SEE ABOUT CORTIZONE SHOTS FOR PAIN FROM NOT HAVING MY ORTHO DICS THAT WERE TAKEN AWAY. ALSO - THE NURSE TOLD ME A PODIATRIST WAS HERE. HOW COME THEY CAN PEOPLE OVER INTERCOM "TO SEE THE PODIATRIST" NEED TO BE CALLED [illegible]

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

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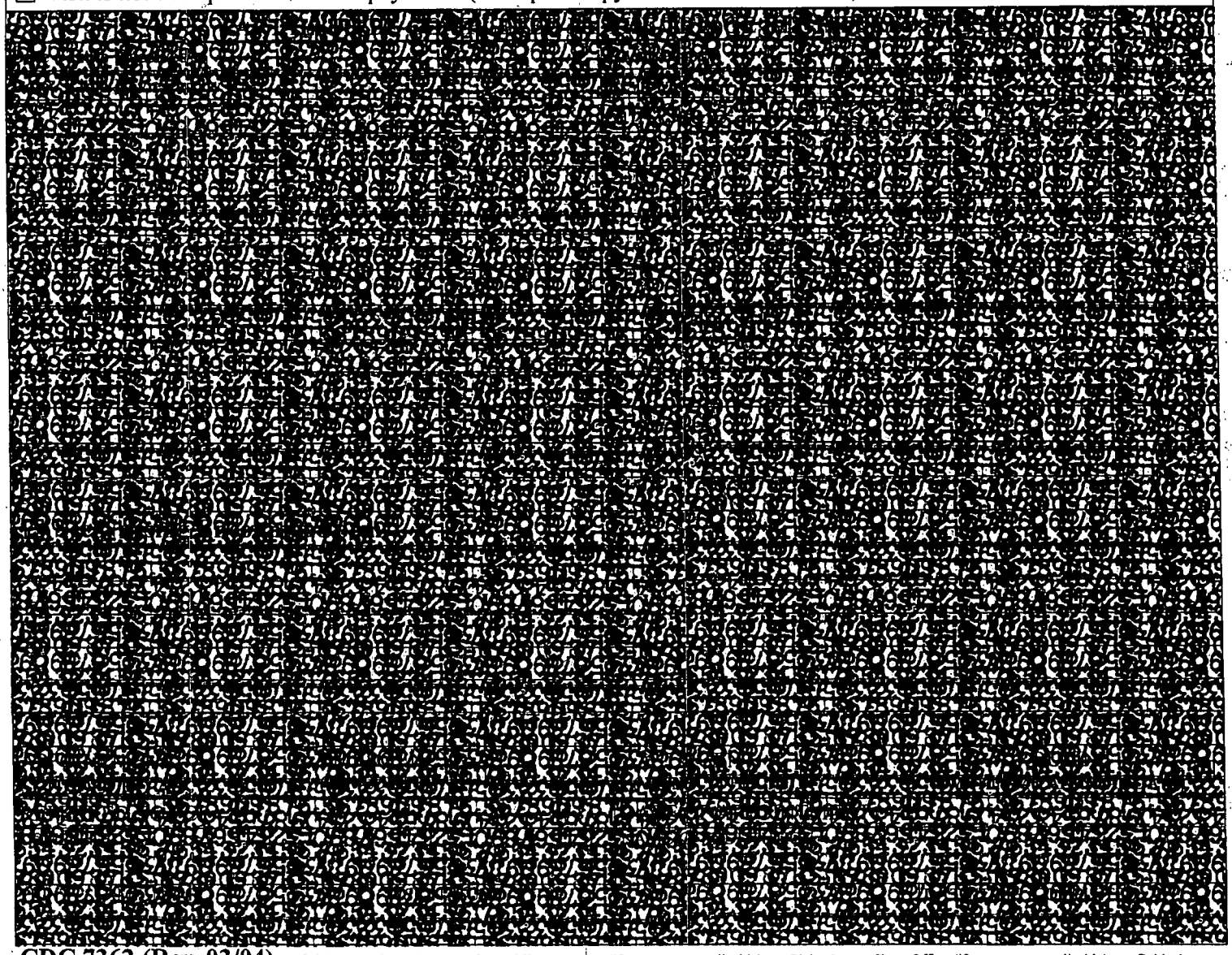

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8145891

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

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REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE BOEWE	V45728	MAGNOLIA 127 Low

PATIENT SIGNATURE: DLB

DATE: Dec. 7-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) DOCTOR SMITH - THE VETERANS HOSPITAL CAN NOT DUPLICATE MY ORTHOTICS! I HAD ASKED FOR A BED MOVE TO BE CLOSER TO EVERY THING THEY MOVED ME, NOW I'M FURTHER AWAY! CONDITION HAS EXTREMELY FLARED UP! IS IT POSSIBLE TO GET CORTIZONE SHOTS - NO PODIATRIST YET! LOOKS LIKE I'M ON MY OWN TILL I GET OUT TO GET MY ORTHOTICS!

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

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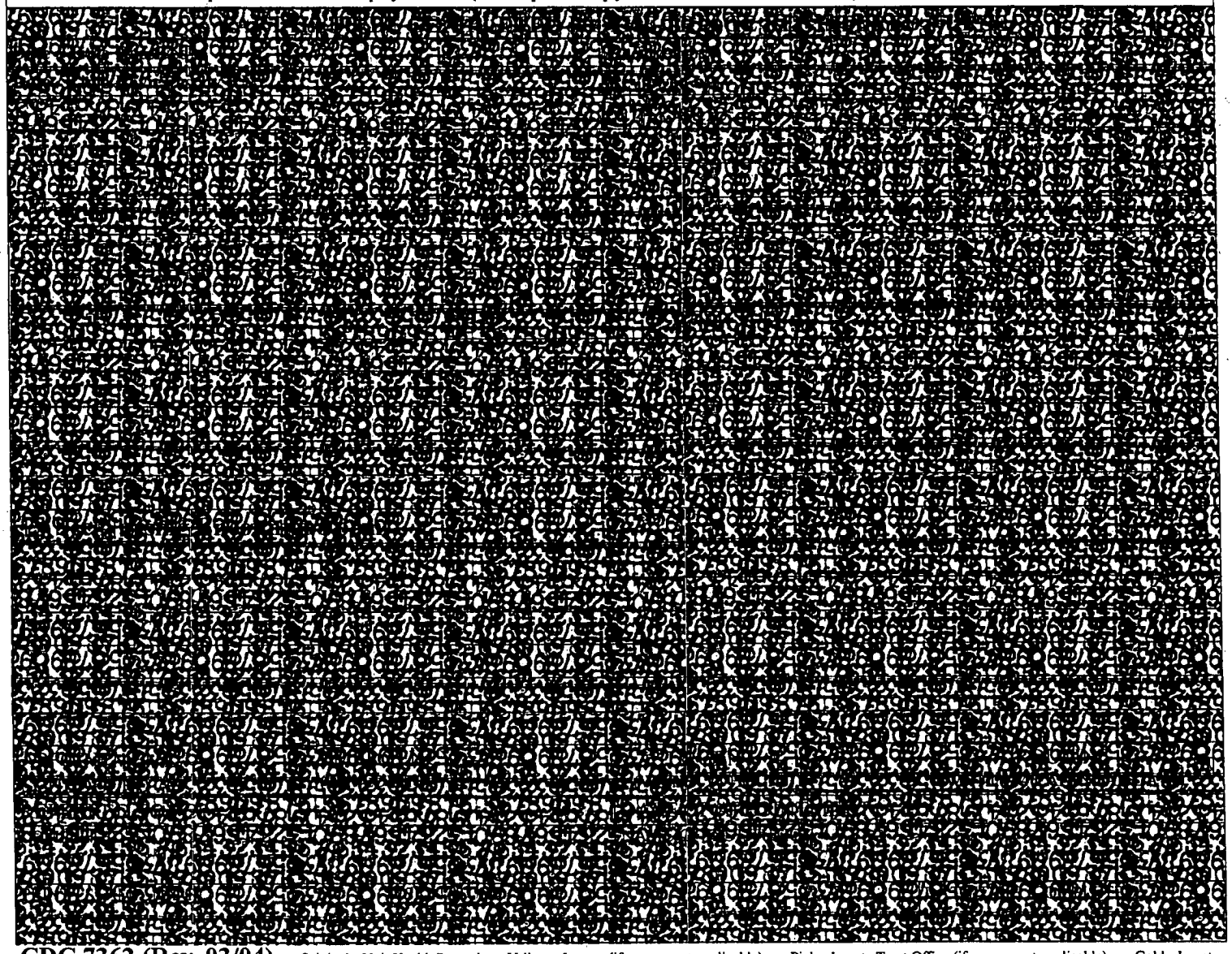

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

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DEPARTMENT OF CORRECTIONS

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REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE BOEWE	V45728	MAGNOLIA 127 Low
PATIENT SIGNATURE		DATE
DLA Boe		Dec. 7-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) DOCTOR SMITH - THE VETERANS HOSPITAL CAN NOT DUPLICATE MY ORTHODICS! I HAD ASKED FOR A BED MOVE TO BE CLOSER TO EVERY THING, THEY MOVED ME, NOW I'M FURTHER AWAY! CONDITION HAS EXTREMELY FLARED UP! IS IT POSSIBLE TO GET CORTIZONE SHOTS - NO PODIATRIST YET! LOOKS LIKE I'M ON MY OWN TILL I GET OUT TO GET MY ORTHODICS!

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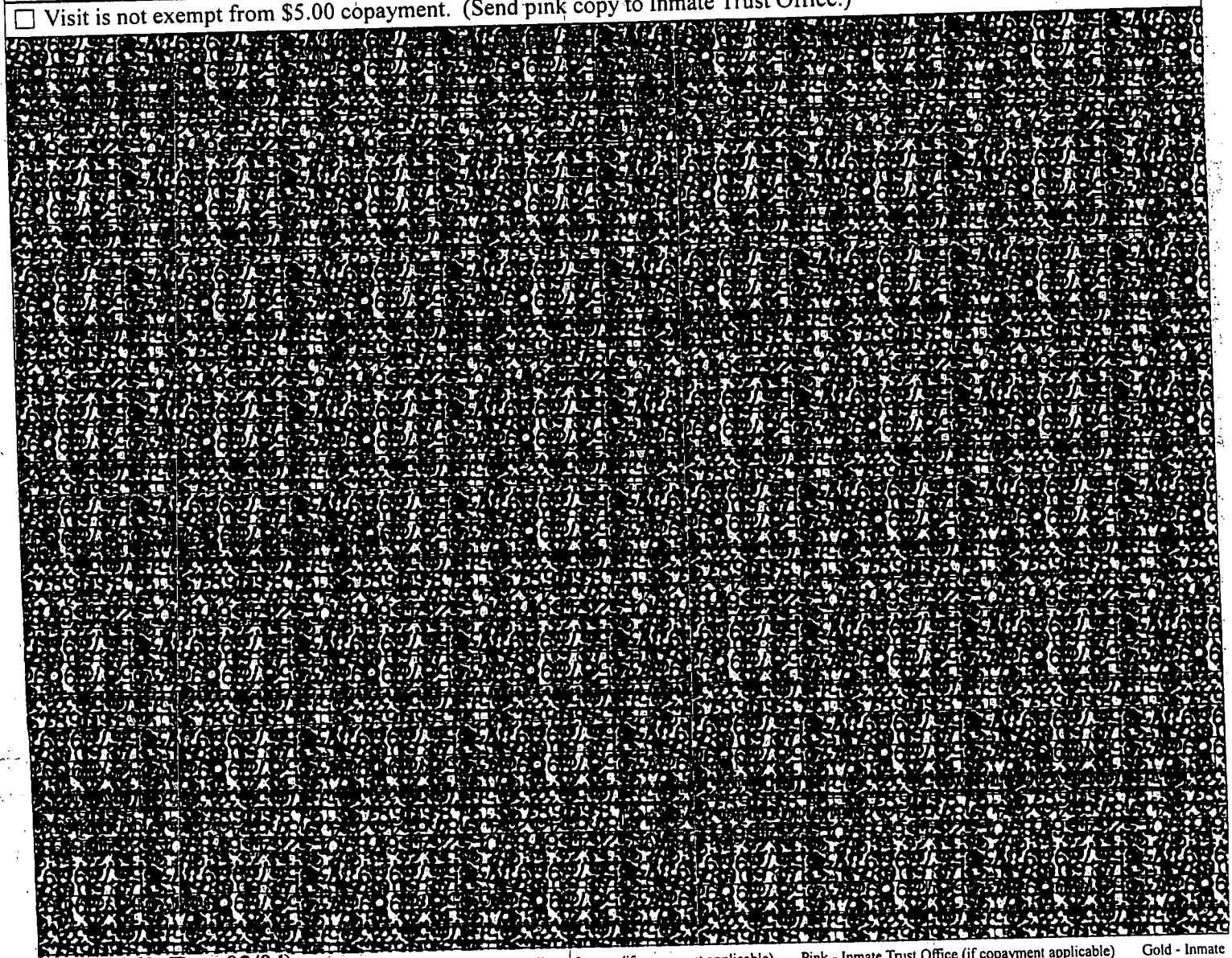

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STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

767540
DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

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If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE DOERR	V45728	MAGNOLIA HALL 127

PATIENT SIGNATURE: Dale Doerr

DATE: Dec-10-05

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

DR. SMITH COULD YOU PLEASE INCREASE THE NEW MEDICATION YOU PUT ME ON! I STOPPED BY THE PODIATRIST TO SEE WITH HE WILL GO OVER OR LOOK AT MY X-RAYS. THEY COULDN'T TELL ME! TOLD ME TITLE WAS TO BUSY! IT WOULD NOT HELP ME! "A PODIATRIST"

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

769565
DEPARTMENT OF CORRECTIONS

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REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☒ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE E BOSWELL	V45728	MAGNOLIA 127 Low
PATIENT SIGNATURE		DATE
DEB		Dec-11-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had the Problem)

BLOOD AND PUSS FROM ROOT CANAL! CANT EAT! SEVERE PAIN!
TEETH CUTING MY MOUTH!

IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

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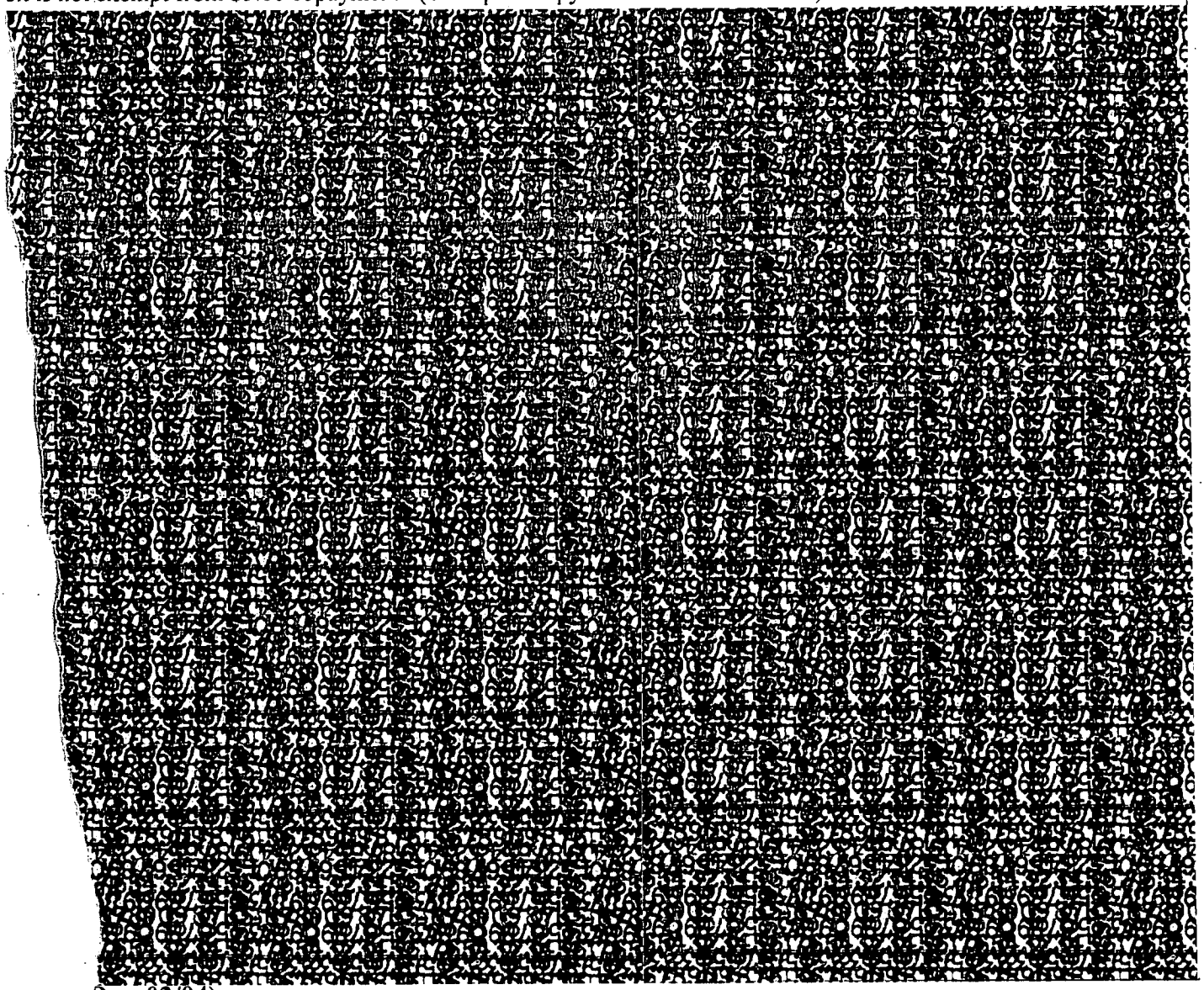

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

769564
DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

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REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE DOCKE	V45728	MAGNOLIA 127 Low

PATIENT SIGNATURE: [signature]

DATE: DEC-12-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) DR. SMITH-SAW PODIATRISTS (FOR 2 M.D) SET ME UP FOR X-RAYS 2 M A MONTH AND A HALF-I TOLD THE FIRST PODIATRIST THE FIRST THING IS X RAYS ANYWAY IT IS RIDICULOUS"! HE ALSO TOLD ME MY FIRST PODIATRIST (CALIFLY) WAS NOT TELLING THE TRUTH ABOUT THE ORTHOTICS" WE MAKE THEM HERE! DR SMITH THEN MOVE ME FURTHER AWAY! PAIN HAS SPREAD AND INCREASED A LOT, DON'T WANT SURGERY, BUT I NEED IT MUST FOR SURE RELIEF!

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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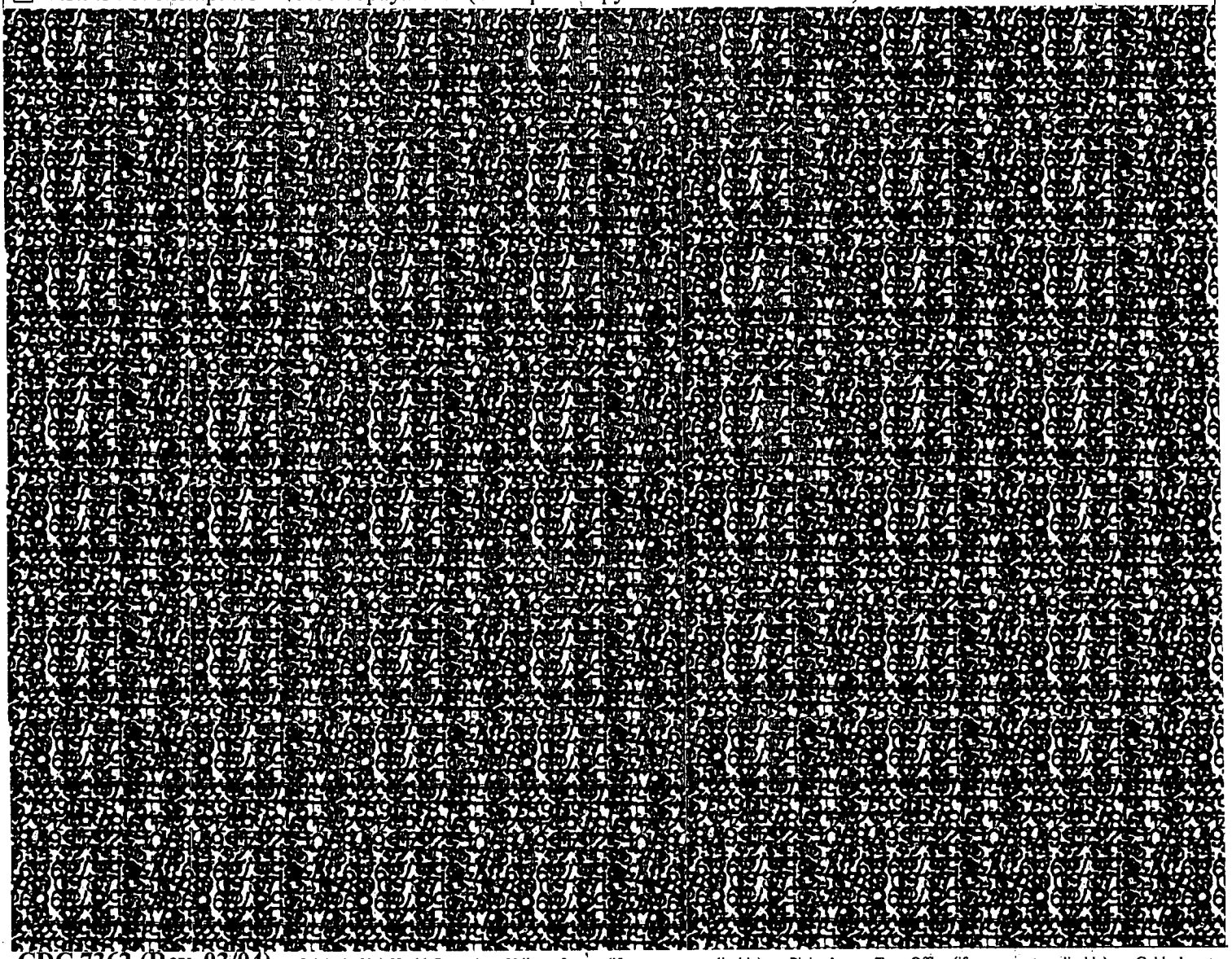


CDC 7362 (Rev. 03/04) Original - Unit Health Record Yellow - Inmate (if copayment applicable) Pink - Inmate Trust Office (if copayment applicable) Gold - Inmate

NP

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

769208
DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

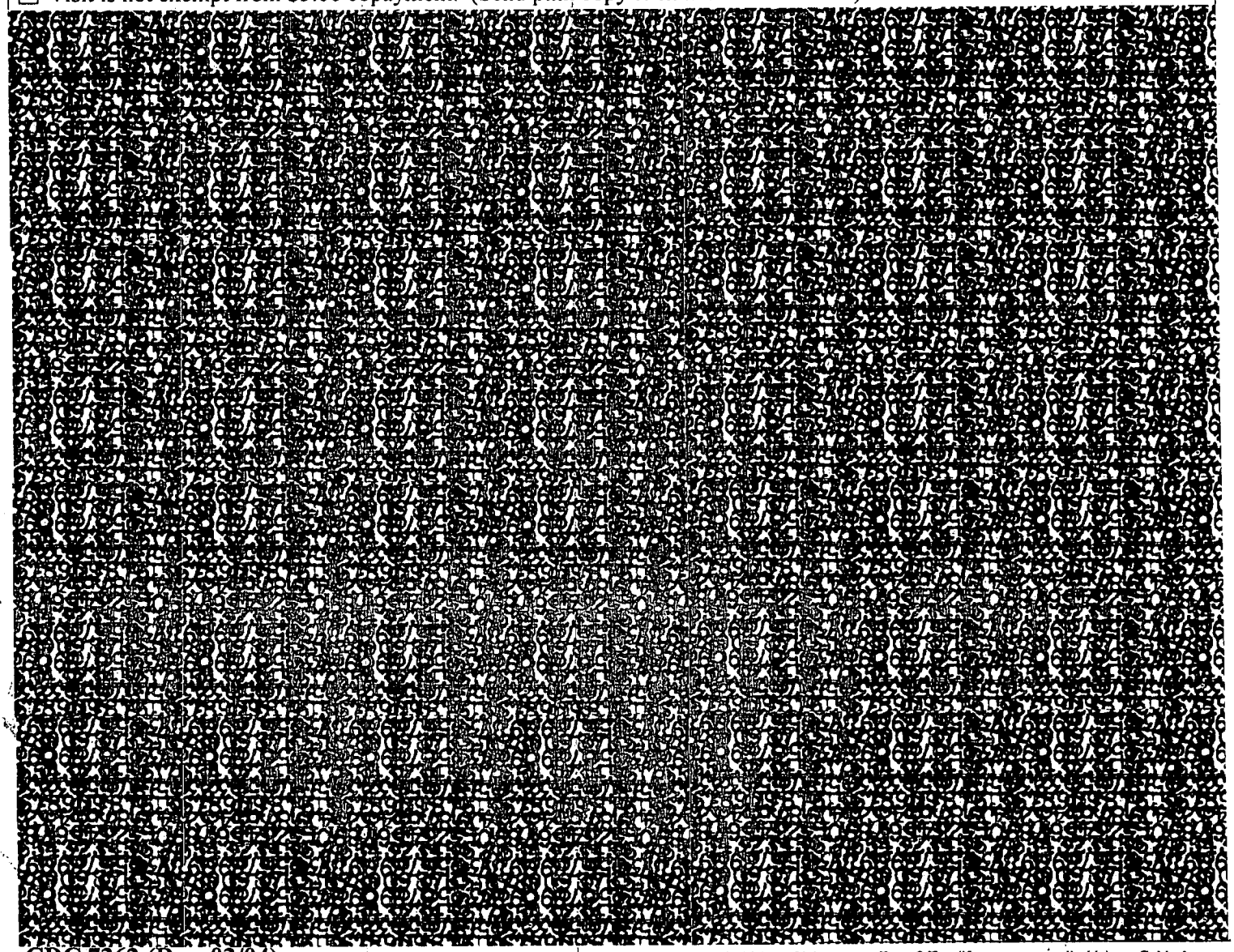
NAME	CDC NUMBER	HOUSING
DALE BOEWE	V45728	MAGNOLIA 127 LOW
PATIENT SIGNATURE		DATE
DALE D		DEC-15-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) GOT MIXED, WALKING MORE, PAIN PROGRESSING, HAD VETERANS HOSPITAL MAIL THE MEDICATION PHAMPLET! THE NEW PODIATRIST SCHEDULED ME FOR X RAYS IN A MONTH! HE WOULD NOT LOOK AT OUTSIDE RECORDS, HE TOLD ME I COULD NOT HAVE THEM MAILED TO ME - I WAS LIED TO AGAIN! NEED CORTISONE SHOTS!

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)



NOTHING IS [illegible] CANT EVEN KEEP UP WITH SIMPLE MEDICATION

769215

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

IM FORCED TO [illegible]

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If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☒

NAME	CDC NUMBER	HOUSING
DALE DOSWE	V45728	MAGNOLIA 127L

PATIENT SIGNATURE	DATE
[signature]	DEC-19-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) IM SUPPOSED TO GET

PYRIDOXINE 50MG 30 DAY SUPPLY ?

NAPROSYN 500 MG 30 DAY SUPPLY

ORDERED BY DOCTOR SMITH START 11/21/07 STOP 5-19-08

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)

[redacted]

CDC 7362 (Rev. 03/04) Original - Unit Health Record Yellow - Inmate (if copayment applicable) Pink - Inmate Trust Office (if copayment applicable) Gold - Inmate

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

769210
DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE BOEWE	V45728	MAGNOLIA 127 Low
PATIENT SIGNATURE		DATE
[signature]		DEC-19-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) SAW NEW PODIATRISTS (TOLD HIM I CAN GET MY OUTSIDE RECORDS TO SHOW YOU I NEED ORTHODICS) WAS TOLD BY THE NEW PODIATRISTS WE (DONT LOOK AT OUTSIDE RECORDS) THE PRISON LAW OFFICE SAID THAT IS A LIE! GOT A NAME OF MEDICATION" IM SEVERE PAIN, NEED TO SEE DR SMITH! IF I DONT GET MY ORTHODICS" NEXT STEP" WHEEL CHAIR!

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

769249
DEPARTMENT OF CORRECTION

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
VALDOVINOS	V45728	MAGNOLIA 127
PATIENT SIGNATURE		DATE
[signature]		Dec-26-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

NEED TO SEE DR SMITH - SOME PAIN - CORTISONE SHOT
DR SMITH, NURSES STAFF THANK-YOU.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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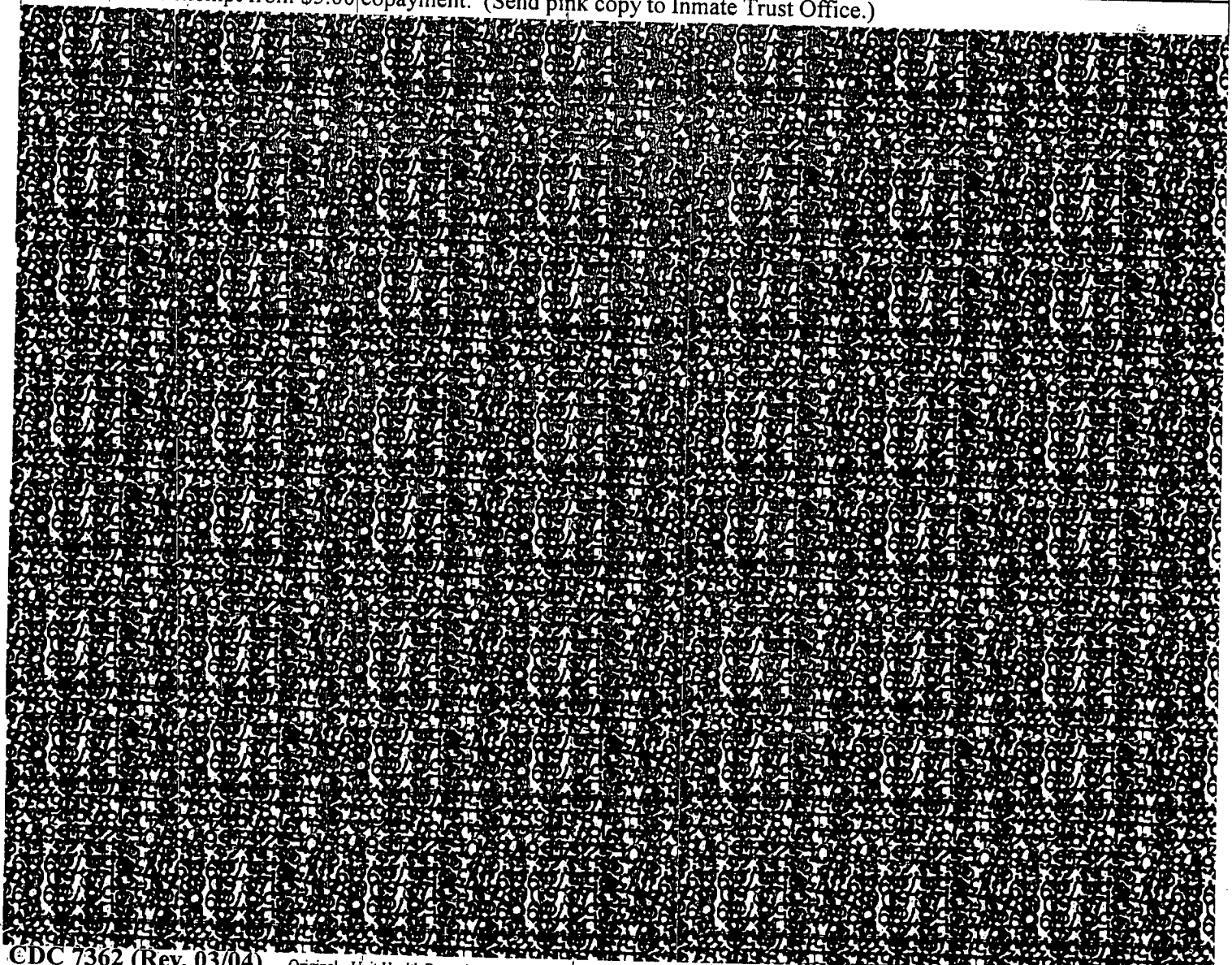

24

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

769265
DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☒

NAME	CDC NUMBER	HOUSING
Dale Boone	U45728	Magnolia 122

PATIENT SIGNATURE: Dale Boone

DATE: Dec 20-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

Im still supposed to get vitamin B-6!

Orthopics would be nice too! Im major pain-

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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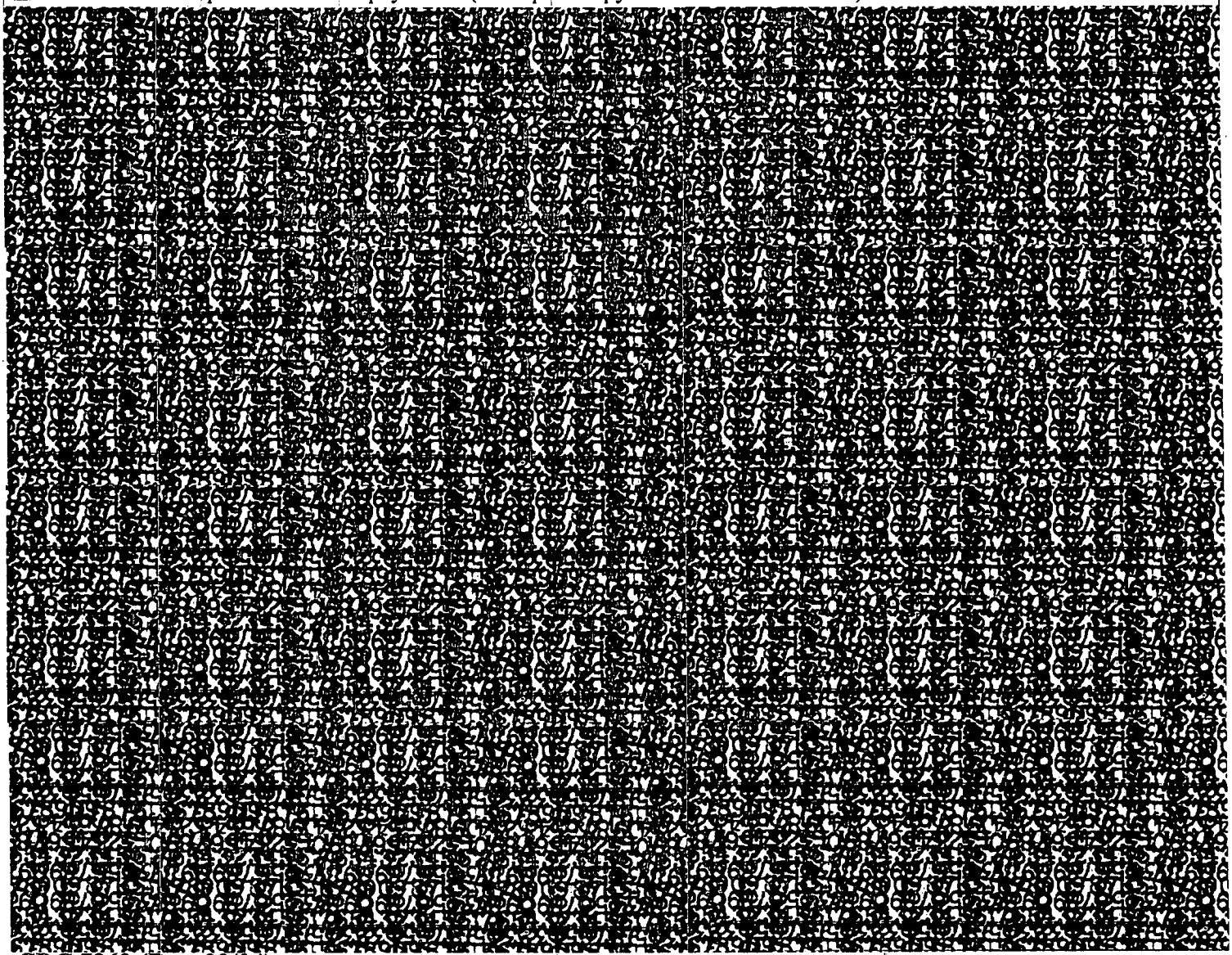

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STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

769257
DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☒

NAME	CDC NUMBER	HOUSING
DAE DAVIS	V45726	MAGNOLIA 127 low

PATIENT SIGNATURE: [signature]

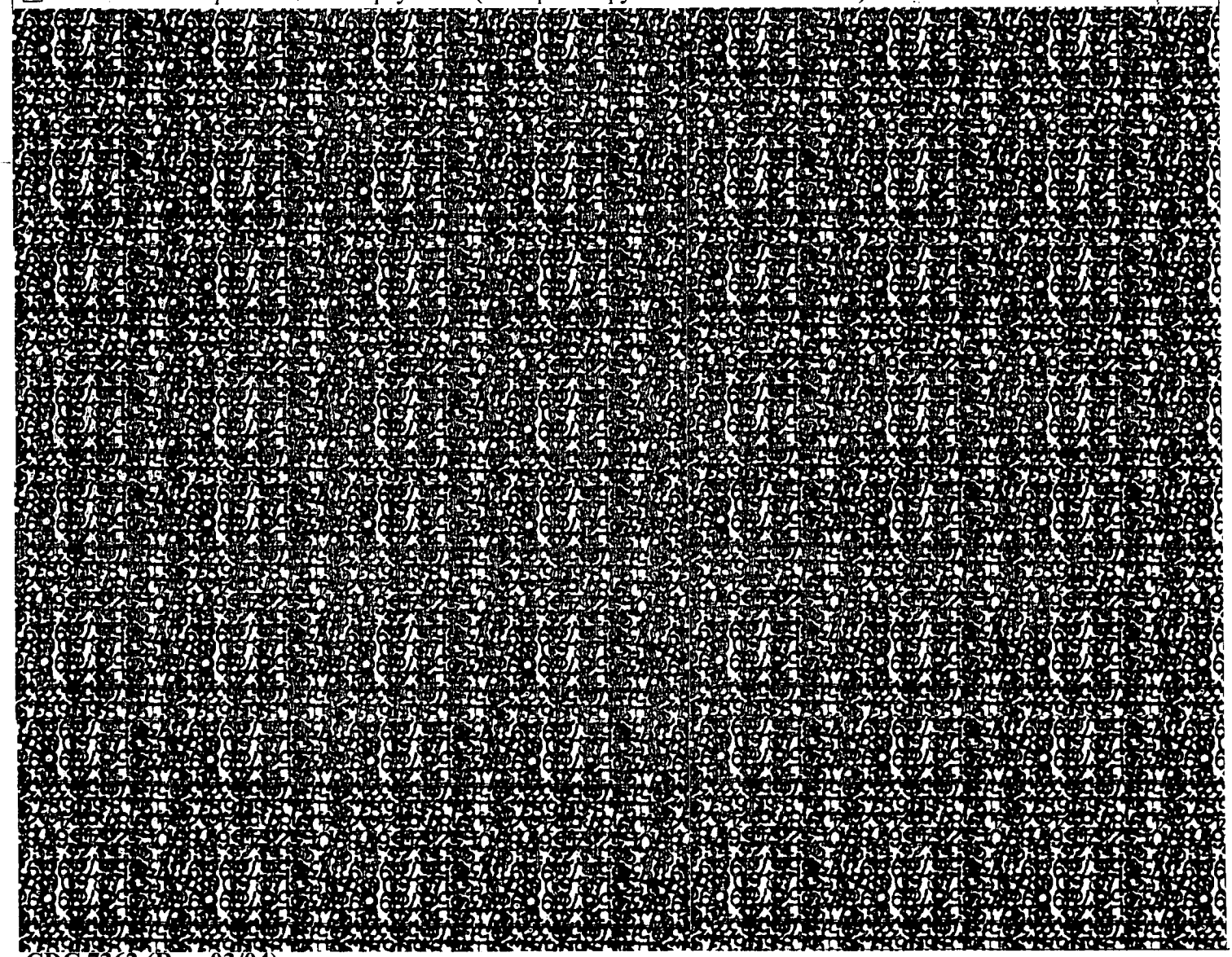
DATE: DEC. 26-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) STILL NEED TO SEE DOCTOR SMITH, BUT, I HAD TO PUT IN A REQUEST TO GET MY MEDICATION, I WAS SUPPOSED TO HAVE IT 12-21-07, YOU HAVE TO TAKE IT DAILY, IT'S NOT HELPING MUCH, BUT I'LL TRY ANYTHING WHILE WAITING FOR MY APPOINTMENT, "THAT'S WHAT I NEED BADLY" WELL I GOT, WARDEN BUT I DO NOT GET VITAMIN B6-!!!!

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)



STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

769248
DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☒

NAME	CDC NUMBER	HOUSING
DALE DOCKS	V45728	MAGNOLIA 127 low
PATIENT SIGNATURE		DATE
[signature]		Dec-2-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) Im SUPPOSED TO HAVE MEDICATION FOR PAIN AND NUTRITION - SUPPOSED TO BE FROM THE 21ST OF DECEMBER! ITS A WEEK AGO - HOW COME I HAVE NOT RECEIVED IT!

PLEASE RESPOND - TOO PAIN!

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

769270
DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE DUTTON	V45728	MAGNOLIA 127
PATIENT SIGNATURE		DATE
DLD		Dec-21-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

NEED TO SEE DR. SMITH
NEED VITAMIN B-6 - CHECK
RECORDS - SHOULD HAVE BEEN DEC-21-07

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)

[redacted]

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

767503
DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE BOONE	V45928	MAGNOLIA HALL 122

PATIENT SIGNATURE	DATE
DLB R	JAN-2-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) NEED MEDICATION! INSTEAD OF GETTING MY ORTHOPICS - I AM GETTING A JOB - THAT'S MEANS WALKING! MORE - NEED TO SEE DR SMITH! ALSO WRAP IS SHOT! NO GOOD - NEED NEW ONE!

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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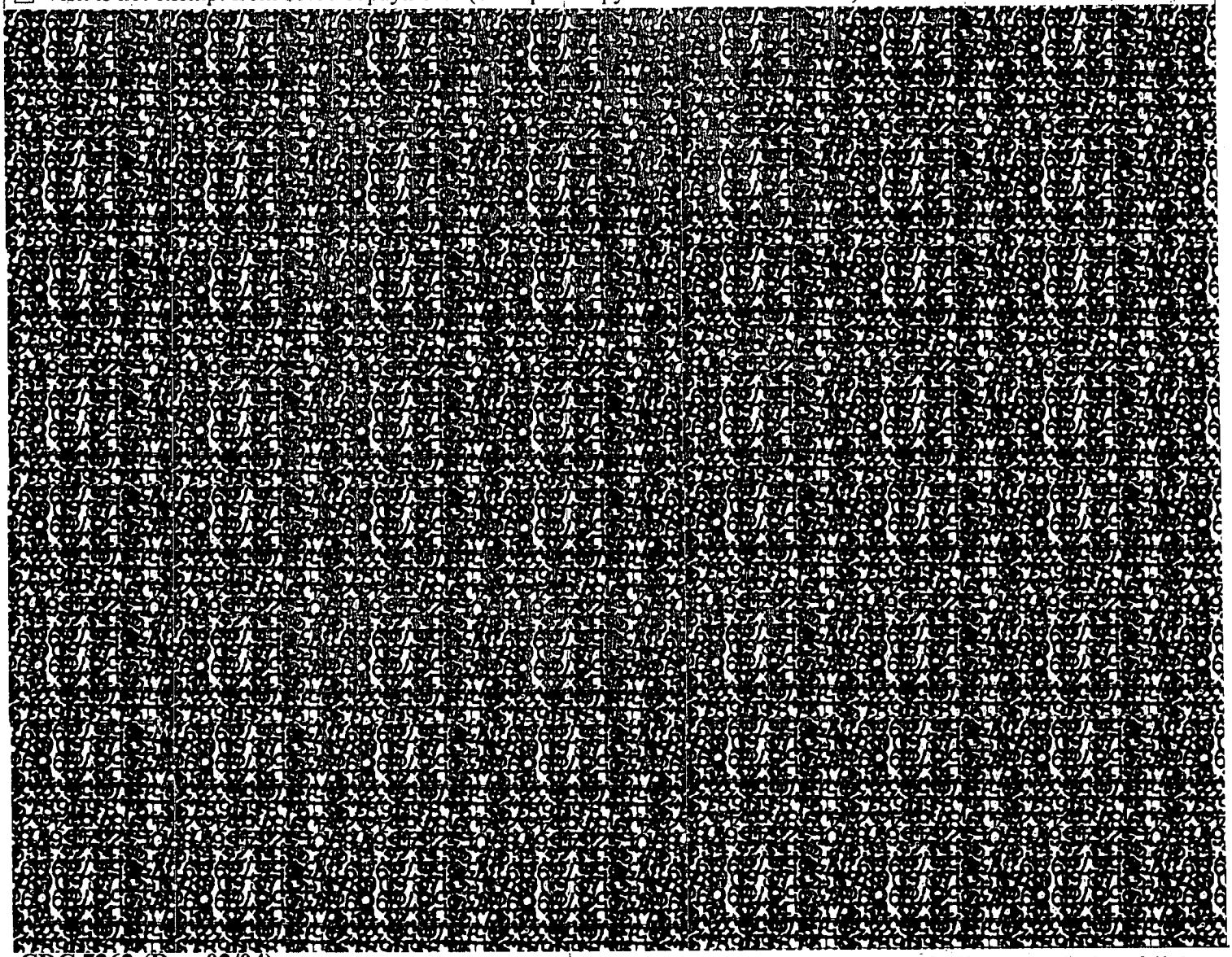

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

29

HEALTH CARE SERVICES REQUEST FORM

767507
DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL [X] MENTAL HEALTH [ ] DENTAL [ ] MEDICATION REFILL [ ]

NAME	CDC NUMBER	HOUSING
DALE BOEWE	V45728	MAGNOLIA 122

PATIENT SIGNATURE: [signature] DATE: JAN-3-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

STILL HAVE NOT GOTTEN MEDICATION! WAS DUE JAN-OR DEC 21-07 CHECK RECORDS

NEED TO SEE DOCTOR SMITH! EXTREME PAIN-TENSION!

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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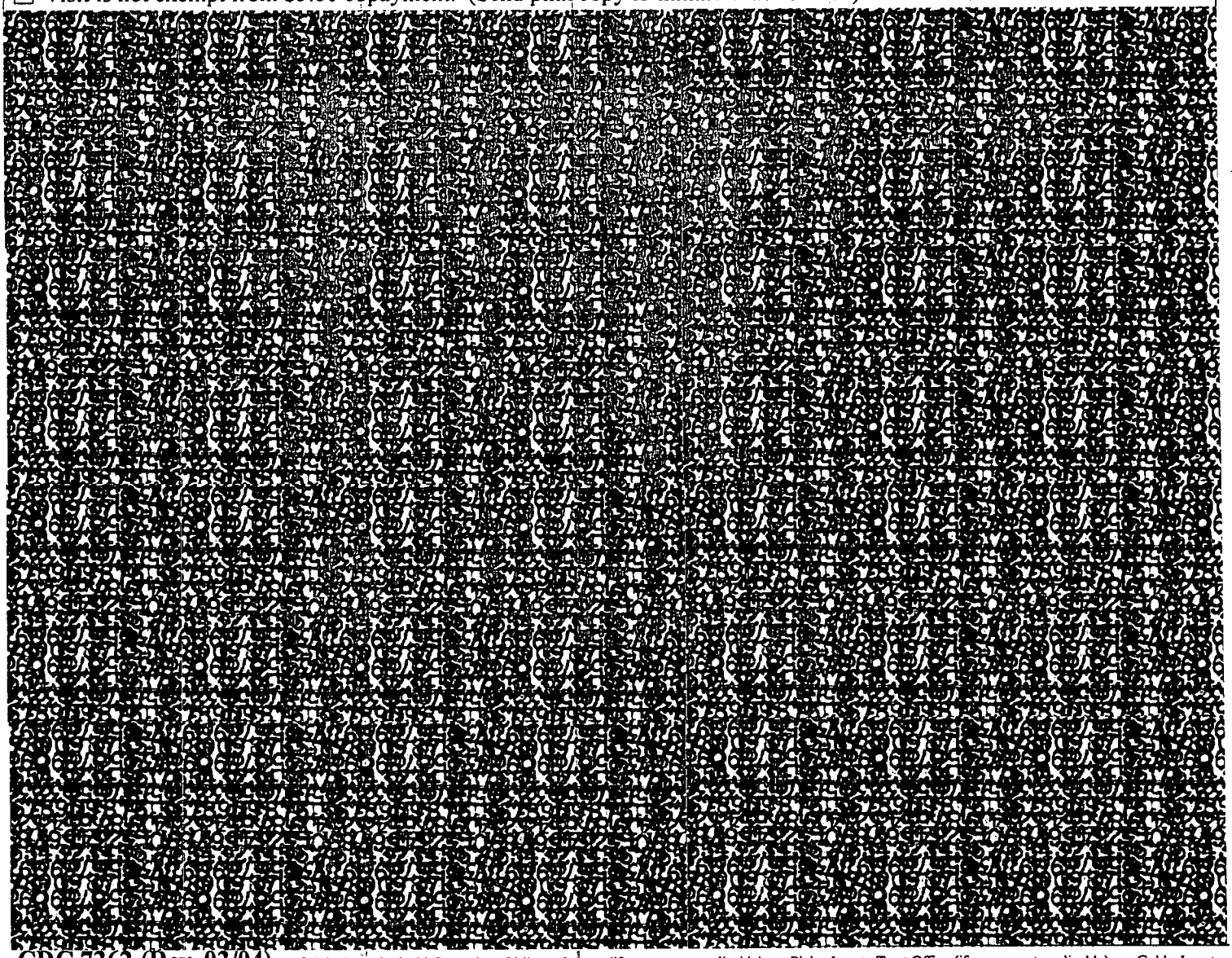

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

767555
DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

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If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL [X] MENTAL HEALTH [ ] DENTAL [ ] MEDICATION REFILL [ ]

NAME	CDC NUMBER	HOUSING
DALE POEWE		MAGNOLIA HALL 122

PATIENT SIGNATURE	DATE
[signature]	JAN-14-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

DR-SMITH, IM SUPPOSSED TO SEE YOU IN 28 DAYS, YOU PUT ME ON (NEUROTION) 300 MG) I QUIT TAKING THE NAPROXEN, FOR NOW! COULD YOU INCREASE THE DOSAGE? I'VE NEVER HAD IT BEFORE! AND EVERYTHING IS ALRIGHT-EXCEPT STILL ALOT OF PAIN THANK-YOU!

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM P.S. LOWER BACK TO ELBOW, LEGS ALSO

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

BUT NOT TOO FURTHER AWA

[ ] Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)

1422381

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

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If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☒

NAME	CDC NUMBER	HOUSING
DALE DOSSEE	V45728	MAGNOLIA HALL 12 Bed
PATIENT SIGNATURE		DATE
DEA B		FEB-7-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) DR SMITH SAID I SHOULD BE ON BLOOD PRESSURE MEDICATION, ALSO, I'm SUPPOSED TO BE ON 600 mg NEURONTIN 3/TIMES A DAY!

PLEASE HELP!

THANK-YOU

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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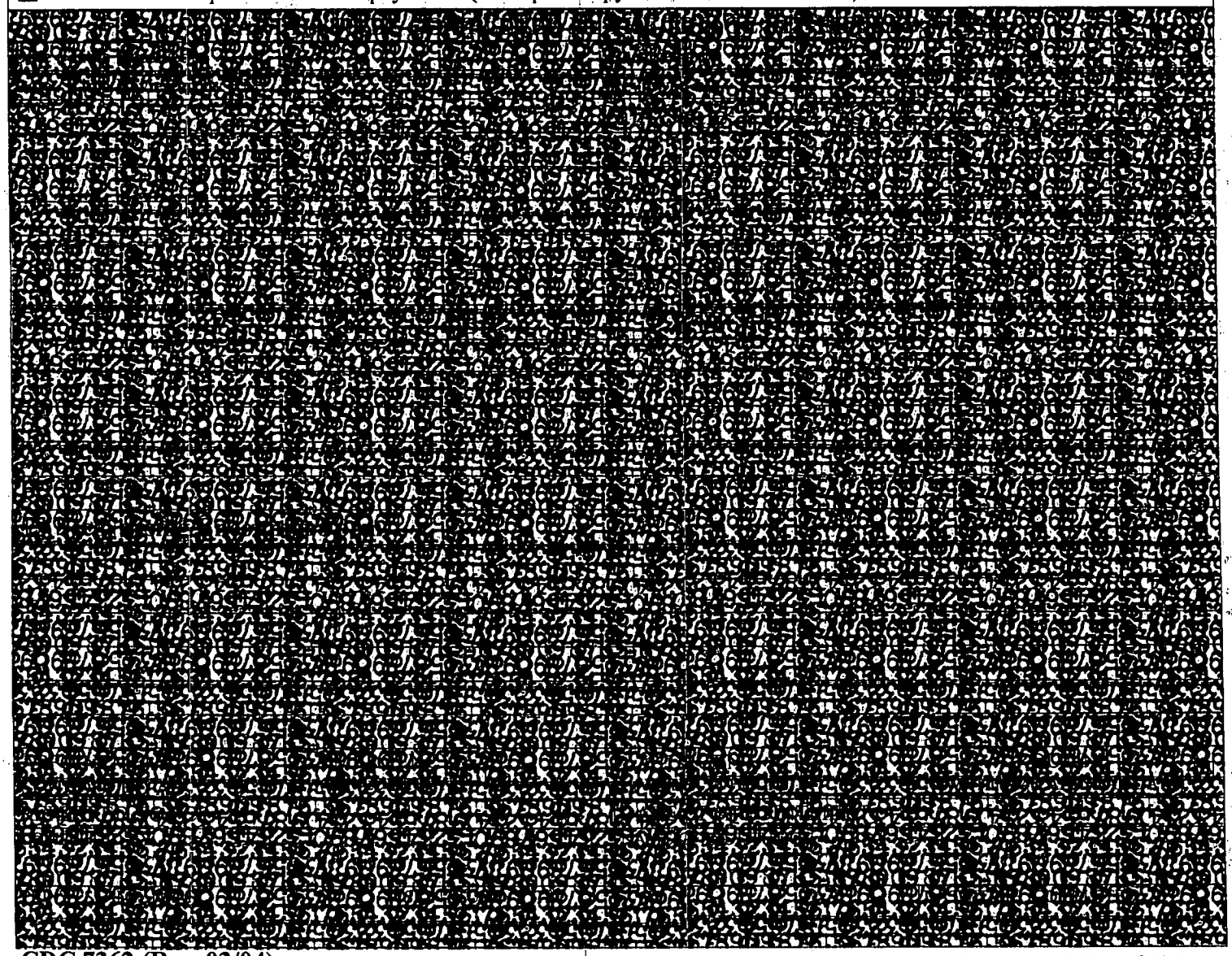

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

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If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE E BOEWE	V45728	MAC HALL - 127 Low
PATIENT SIGNATURE		DATE
Dale E Boewe		FEB-8-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) YES-ON THE WAY TO CHOW IT HAD RAINED, WE WERE FORCED TO ONCE AGAIN WALK IN THE MUD AND PUDDLES OF THE BIG YARD IF WE WANTED TO EAT. IM ON CRUTCHES PERMENATLY NOW, AND MY CRUTCH SLIP OUT, AND I WENT DOWN! I JAMMED MY HAND REALLY BAD. ENERGED I'LL RIGHT NOW, BUT I WAS TOLD I HAVE TO PUT IN THIS REQUEST! PLEASE HURRY, I NEED XRAYS - THANK

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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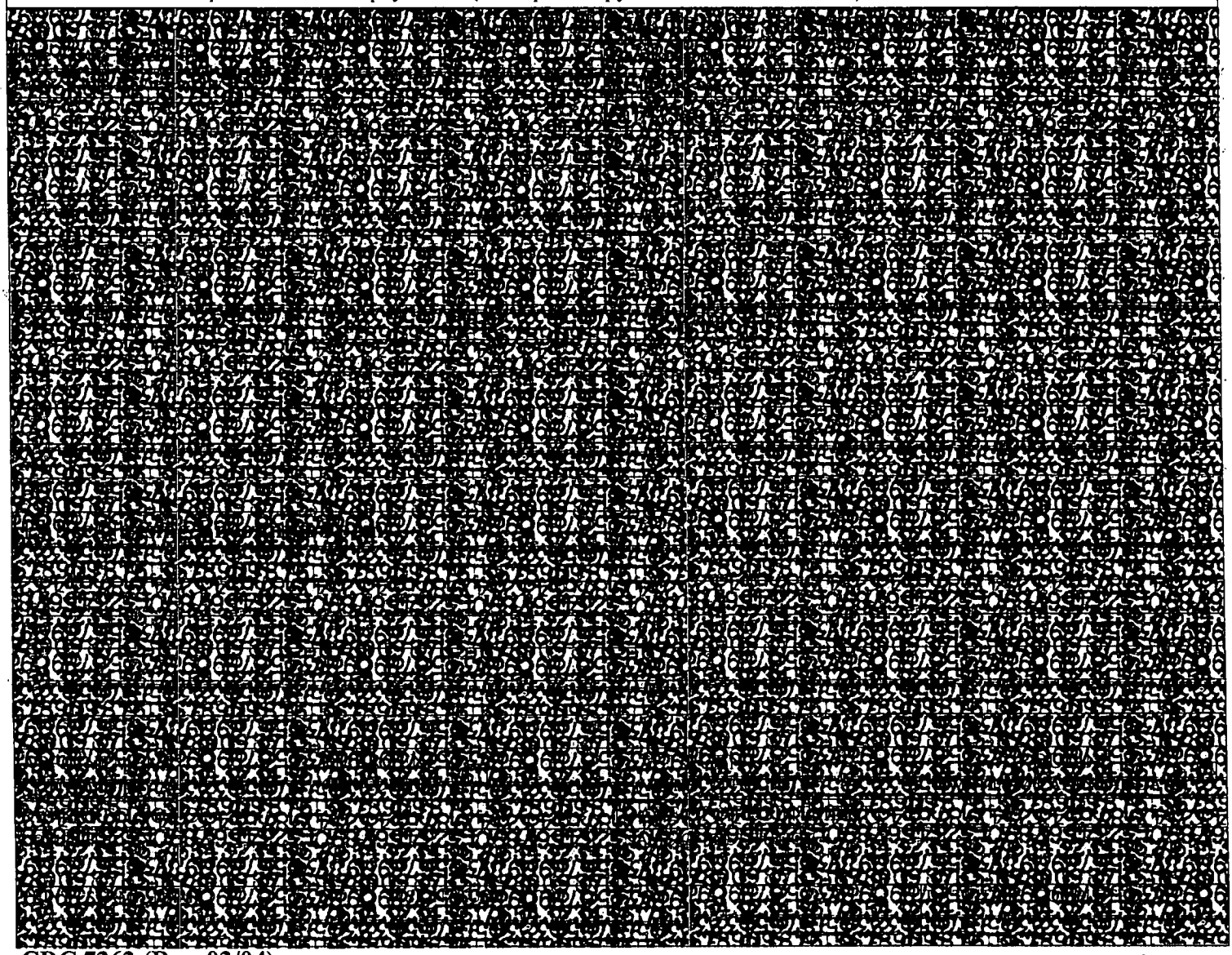

CDCR 7127170

...H CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

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PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE BOSWE	V45728	MAGW HALL 127 Low

PATIENT SIGNATURE: Dale B

DATE: FEB 20th 08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I NEED COPIES OF MY CHRONOS SENT TO ME 3 TIMES I'VE TRIED TO HAVE TEMPERARY ORTHODICS SENT TO ME ISS OUTSIDE HELP! "AS WASHITI HAS INSTRUCTED! CHRONOS WERE MAILED WITH ORTHODICS. MAILING HAS KEPT ALL MAILING DID NOT FOLLOW DR. ORDERS. AND DR SMITH CALL MAIL ROOM ... PLEAS

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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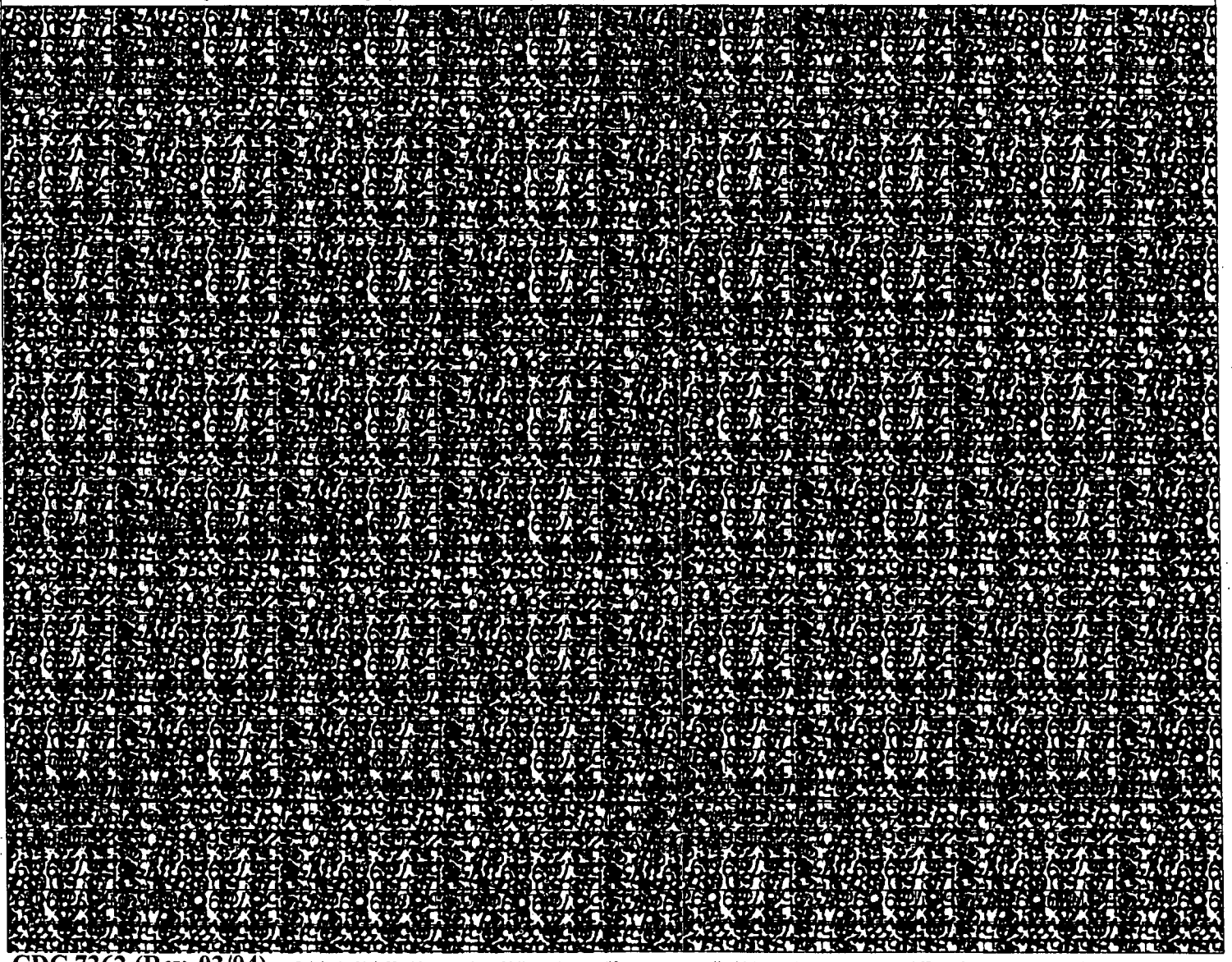

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

7234095
DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE E BOEWE	V45728	MAG-HALL 127 LOW
PATIENT SIGNATURE		DATE
DEB		FEB-26-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) IM DUE TO SEE DR SMITH ABOUT MY MEDICAL CONDITION ON MY FEET AGAIN SOON. I NEED TO SPEAK WITH HIM ABOUT SEEING DIFFERENT PODIATRIST THAN DR HILL, HE KNOWS WHY!. ALSO- IN THE BEGGING OF THE MONTH I TURNED IN A REQUEST AS I FELL ON MY CRUTCHES IN MUD, AN JAMMED MY HAND EXTREMELY BAD, (NO RESPONSE) SWELLING DOWN MY SOMETHING WRONG WITH MIDDLE FINGER

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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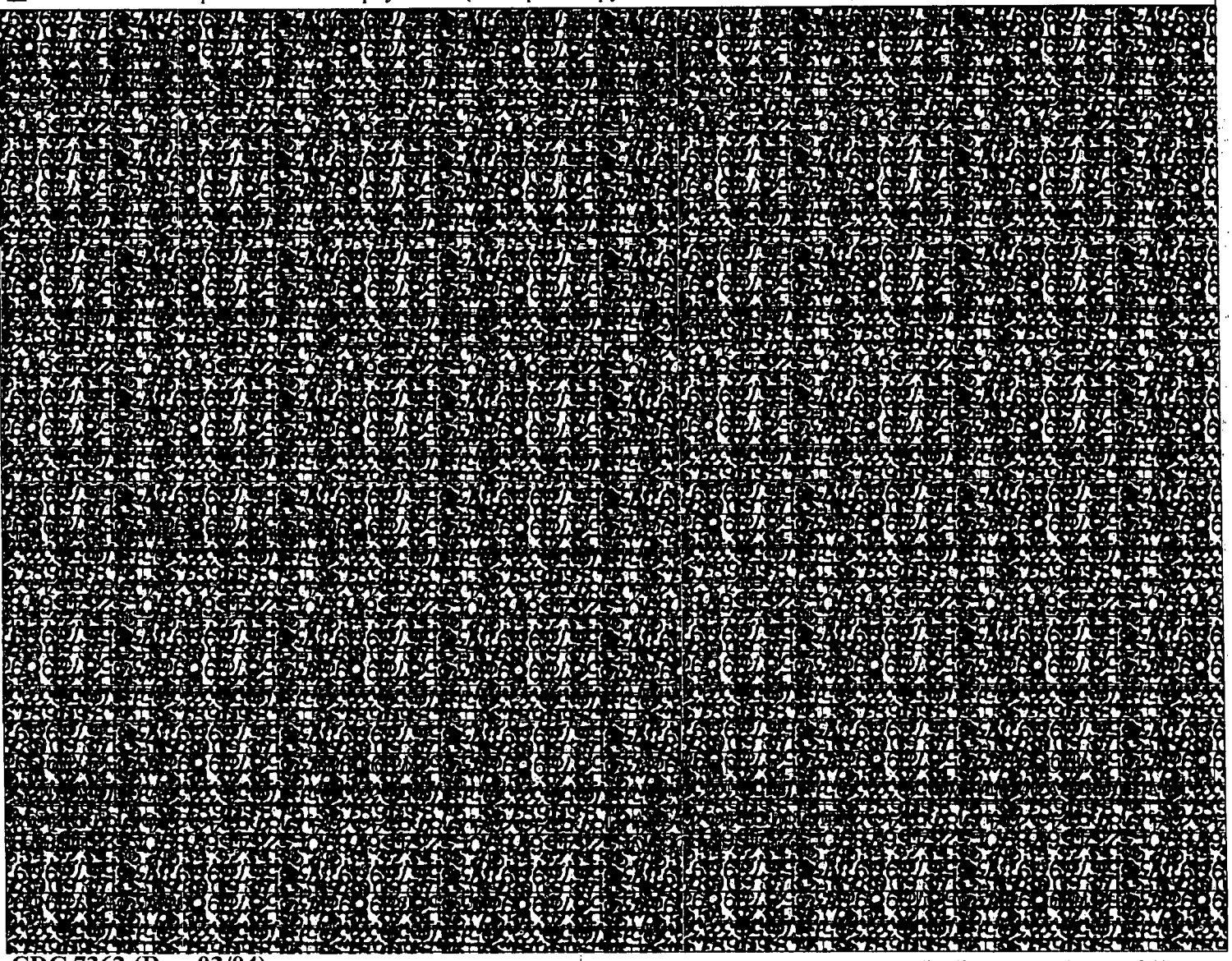

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

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If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE BOSWELL	V45728	MAG HALL - 127 Low
PATIENT SIGNATURE		DATE
		FEB-29-08

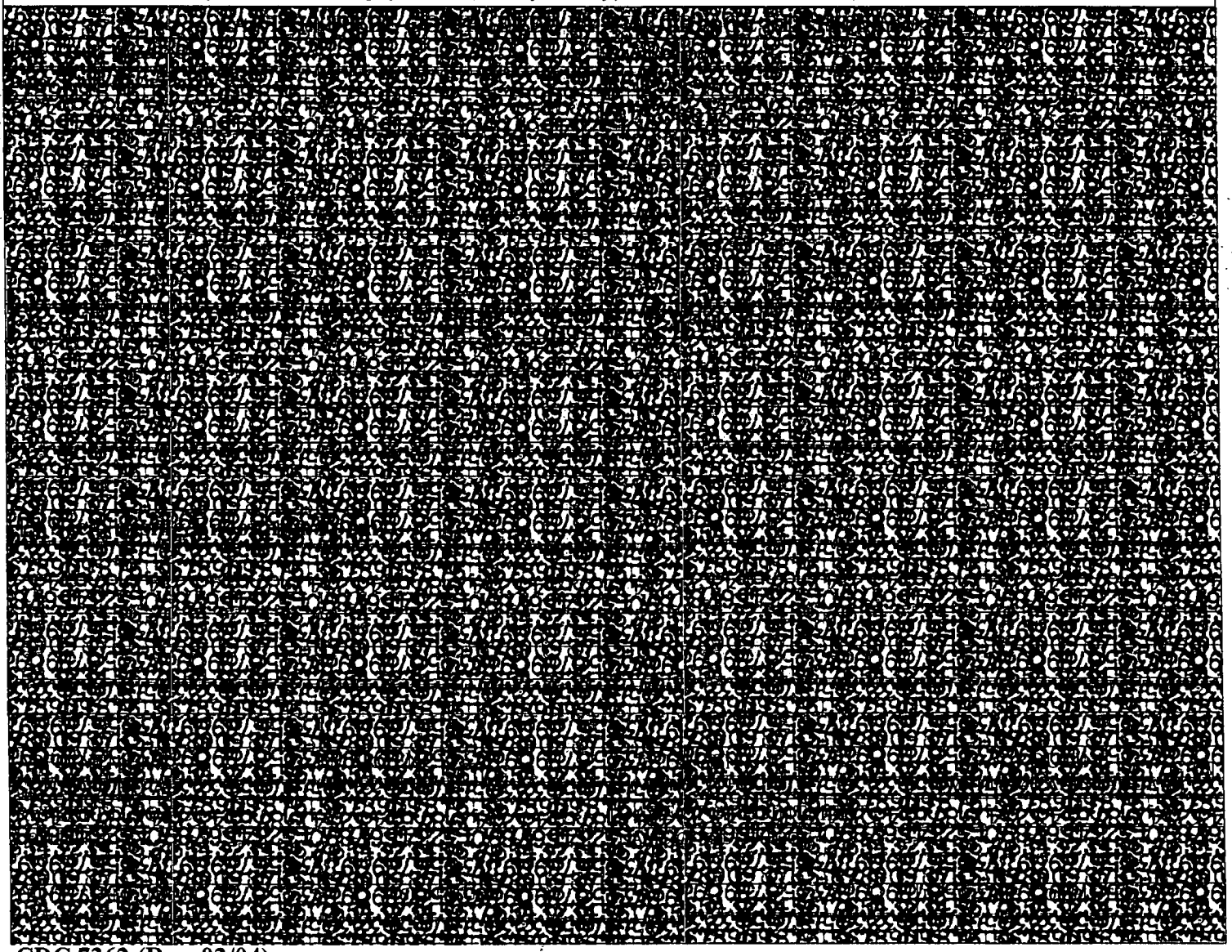
REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) IE; DR SMITH - I SENT THE 602 ABOUT PODIATRIST DR. H.11. AND ALL I TOLD THEM WAS THE TRUTH, DR HILL LIED TO ME AS DID DR BACHG, REFUSE TO GIVE ME THE MEDICAL (ORTHODICS THERAPY ESSTIANL TREATMENT) I GOT A DOCTOR TO SEE HIM (WOMAN - I DONT TRUST HIM - I FEAR FOR MY HEALTH - FROM HIM), I NEED 2 MORE ANKLE AND ARM THERAPS - PLEASE AND NURSE) - BUMPED UP IF POSSIBLE

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

THANK-YOU. (PAIN).

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)



3 B

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

7234045

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE DOWNE	V45728	MAG-HALL

PATIENT SIGNATURE	DATE
[signature]	MARCH-15-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

DR. SMITH SAID IT WOULD BE OK TO INCREASE MY NEURONTIN DOSAGE IF NEEDED, I FORGOT TO ASK HIM ON MY VISIT - PLEASE SEE - STILL PAIN AND ALOT OF WALKING STANDING

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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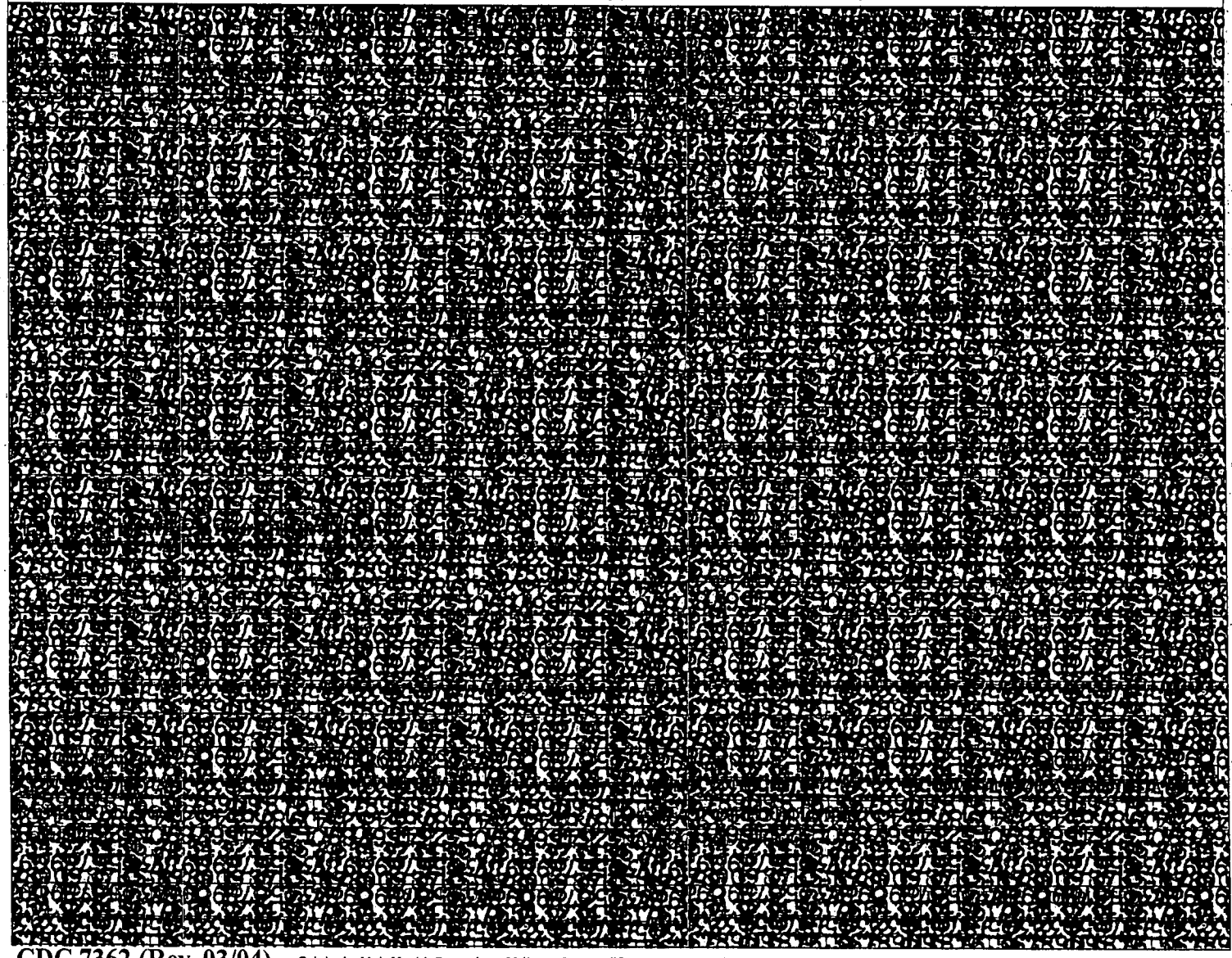

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

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If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE BOSWE	V45728	MAG-HALL 129 Low

PATIENT SIGNATURE: DK Bosw

DATE: MARCH 7-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) COULD YOU PLEASE CALL THE SUPERVISOR IN THE KITCHEN INFORM THEM I AM NOT ABLE TO WORK IN THE SANDWICH CREW I IN IN CHRONIC PAIN WALKING OR STANDING! I HAVE CHRONOS FROM DR SMITH. IM WAITING ON A DOCKET TO BE TAKEN TO RIVERSIDE FOR PROPER HELP! PLEASE LET THEM KNOW IM ON CRUTCHES ALWAYS

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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3

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

1234384

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☒

NAME	CDC NUMBER	HOUSING
DALE BOEWE	V45728	MAG HALL 122 low
PATIENT SIGNATURE		**DATE**
Dale B		MARCH-30-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

I NEED MY NAPROSYN - REFILL" ALSO CAN THE DOSAGE BE INCREASED! THANK-YOU!
ALSO I NEED TO BE SEEN OR HAVE SOMEONE MAKE ARRANGEMENTS TO HAVE A BUCKET TO SOAK MY FEET IN. SWOLLEN

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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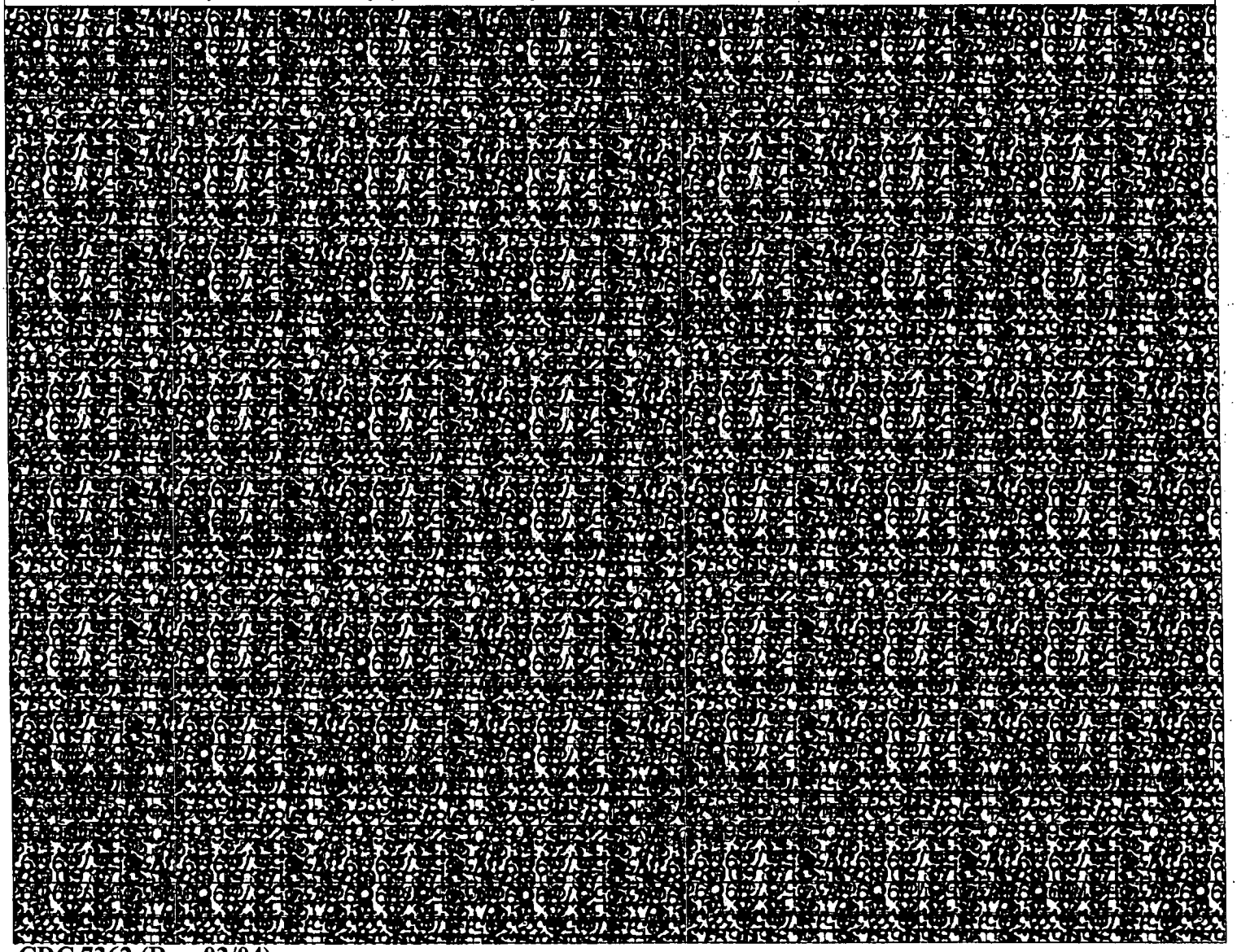

7234502

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

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If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☑ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☑

NAME	CDC NUMBER	HOUSING
DALE DOEWE	V45928	127 Low MAG HALL

PATIENT SIGNATURE	DATE
DALE DOEWE	MARCH-30-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) IM SUPPOSED TO GET CARE MEDS - HEART MEDICATION NAPROXEN; ALSO I NEED TO BUMP UP MY PAIN MEDICATION NEURONTEN! - PLEASE CHECK MY RECORDS - FEET STILL IN A VERY BAD WAY! I will be going home Pretty soon AND will meet with my VETERANS HOSPITAL DOCTORS FOR PROPER HELP

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PLEASE HELP WITH PAIN

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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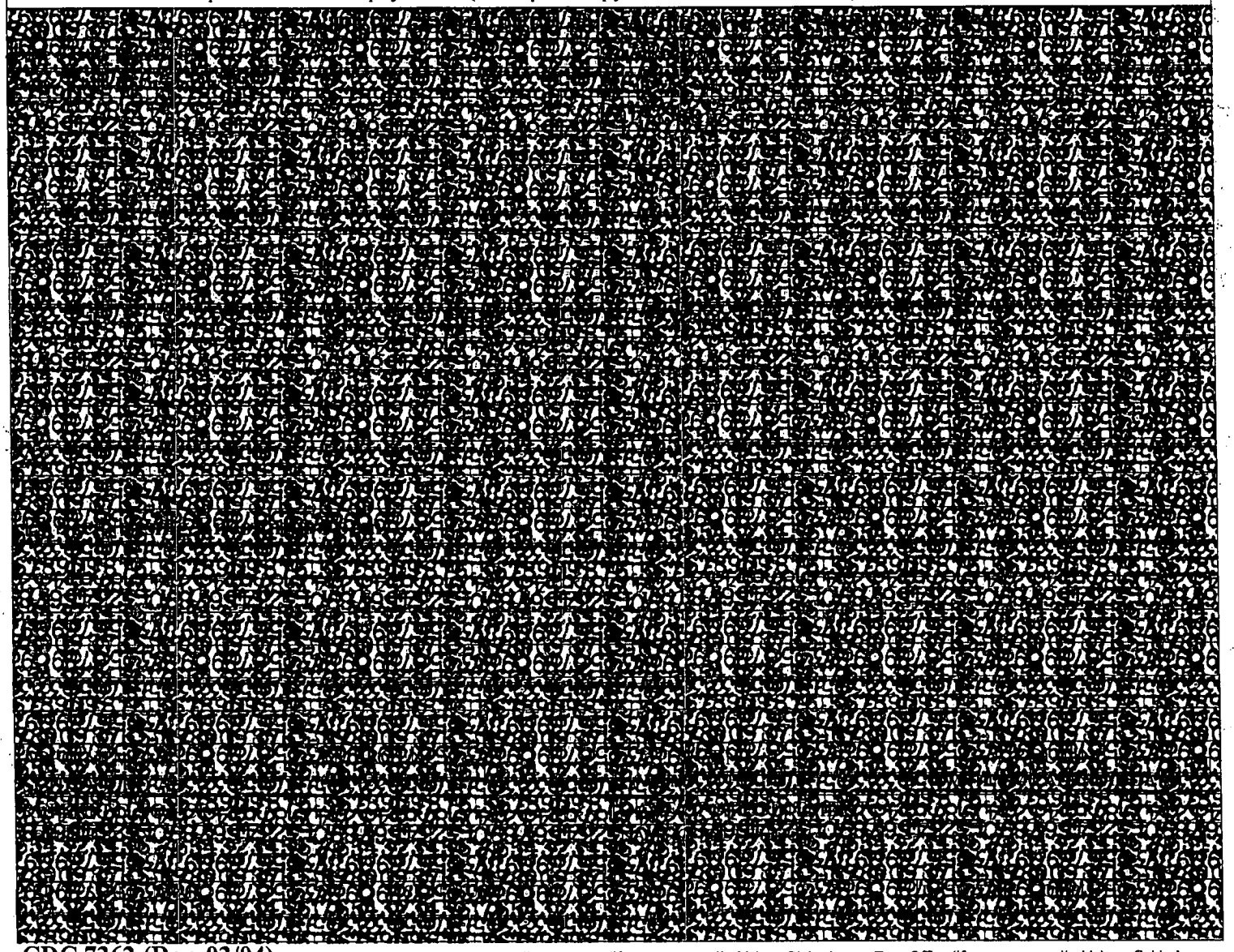

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

7234404

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE BOEWE	V45728	MAC HALL 127-104

PATIENT SIGNATURE: Dale Boewe — DATE: MAR-27-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) COULD YOU SEND MY RECORDS OVER TO PROGRAM OFFICE TO J. FELIX I.E. CAPT PETERS. THERE WAS A FEW LIES TOLD (AGAIN) SINCE DAY ONE IN PRISON. THEY WERE VERY UPSET I WANTED STATEMENTS THAT I DIDN'T MAKE TAKEN OUT OF MY C-FILE! IF THEY SEE MY RECORDS, THEN FELIX PETERS WILL SEE WHY I'M SO DISTRAUGHT - CONFUSED UPSET AT MURDER

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

THANK-S

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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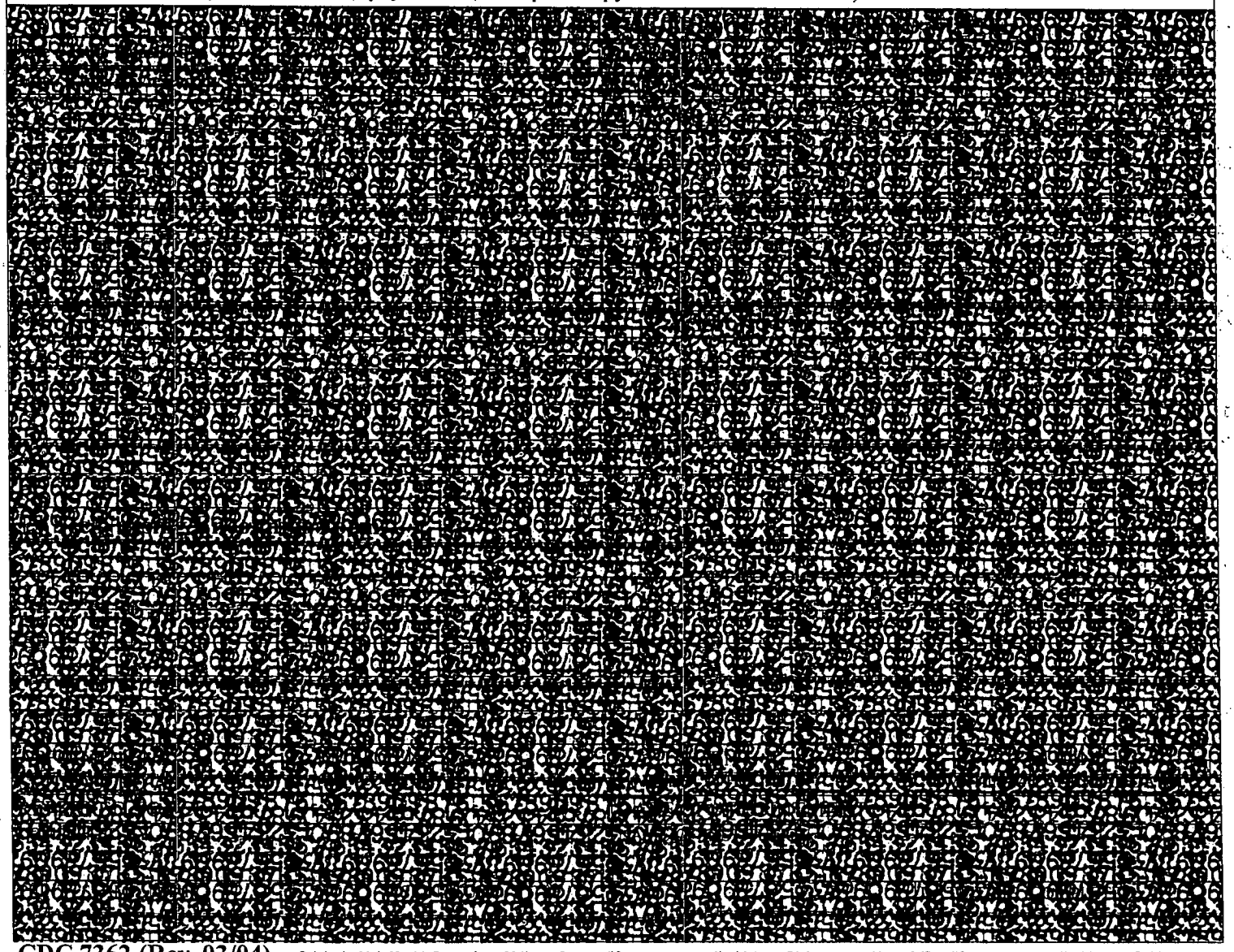

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

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If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ | MENTAL HEALTH ☐ | DENTAL ☐ | MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
DALE BOWE	V45728	MAGNOLIA HALL

PATIENT SIGNATURE	DATE
	APR-1-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I NEED TO GET A BUCKET (TUB) (5GAL) SO MY CO. DIXON - CAN GIVE ME A BUCKET TO USE TO SOAK MY SWOLLEN FEET, SELF-THERAPY-AS I BEEN DENIED THERAPY BY PODIATRIST DR HILL, IT'S TO BRING THE SWELLING DOWN SO PAIN EASES FOR A BIT! ALSO NEED MEDICATION REFILL FOR PAIN

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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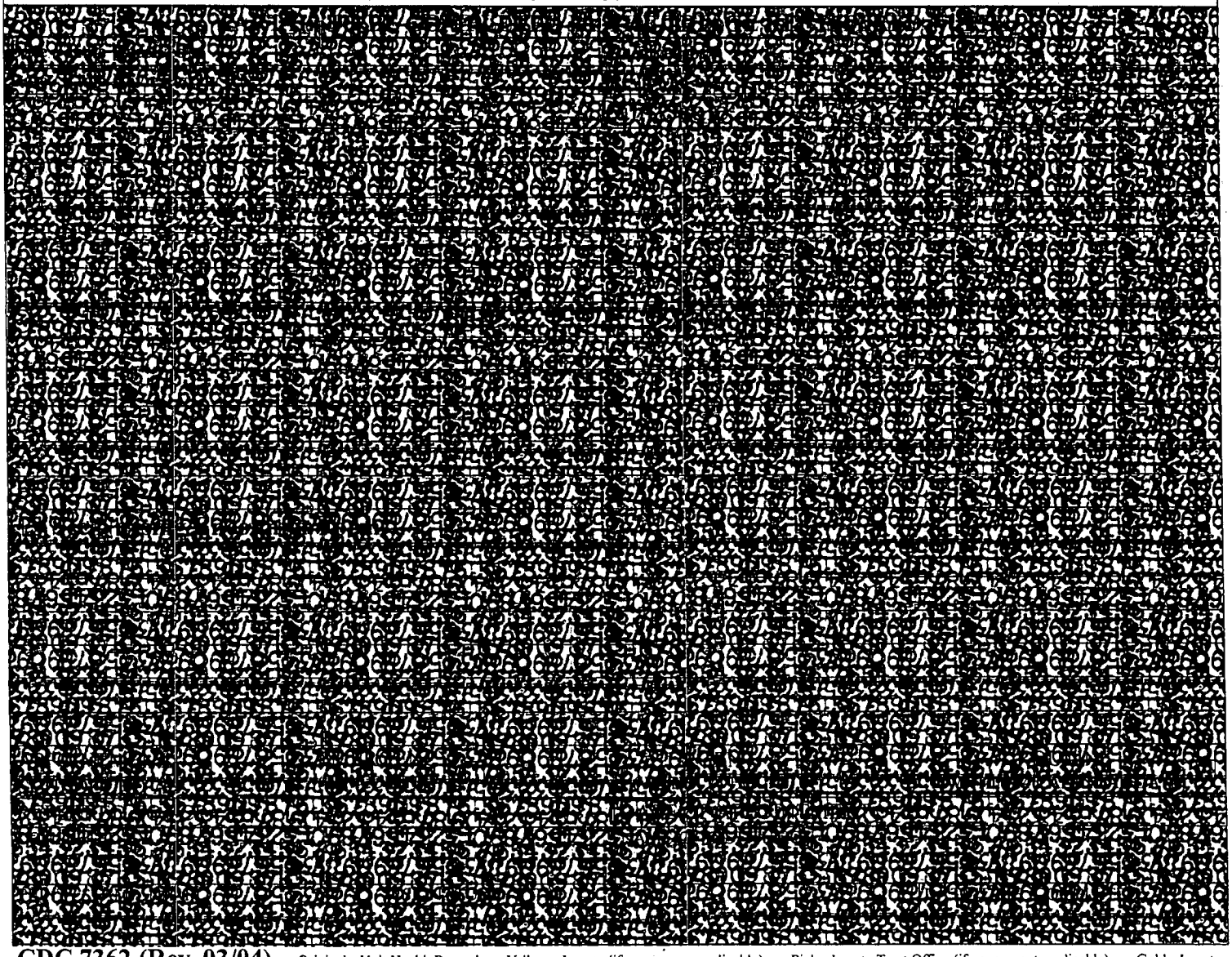

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

4234557

NO RESPONSE TO THIS REQUEST

PART I: TO BE COMPLETED BY THE PATIENT

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If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
Bowe	V45928	MA6 1HA11, 127 Low

PATIENT SIGNATURE: [signature] DATE: APRIL-14TH-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I WAS GOING TO GET SENT TO A PODIATRISTS OFF SITE TO RIVERSIDE AS THE PODIATRISTS AT CHINO LIED TO ME, AND DID NOT GIVE ME MEDICAL ATTENTION - MEDICAL APPLIANCES DOCTOR ORDERED! I'm GOING HOME NEXT MONTH. I WOULD REALLY LIKE TO SEE SOMEONE WHO WOULD GIVE ME "ORTHOTICS" IT MIGHT BE TO LATE - BUT IT COULD HELP, SO I AM GETTING ANGRY

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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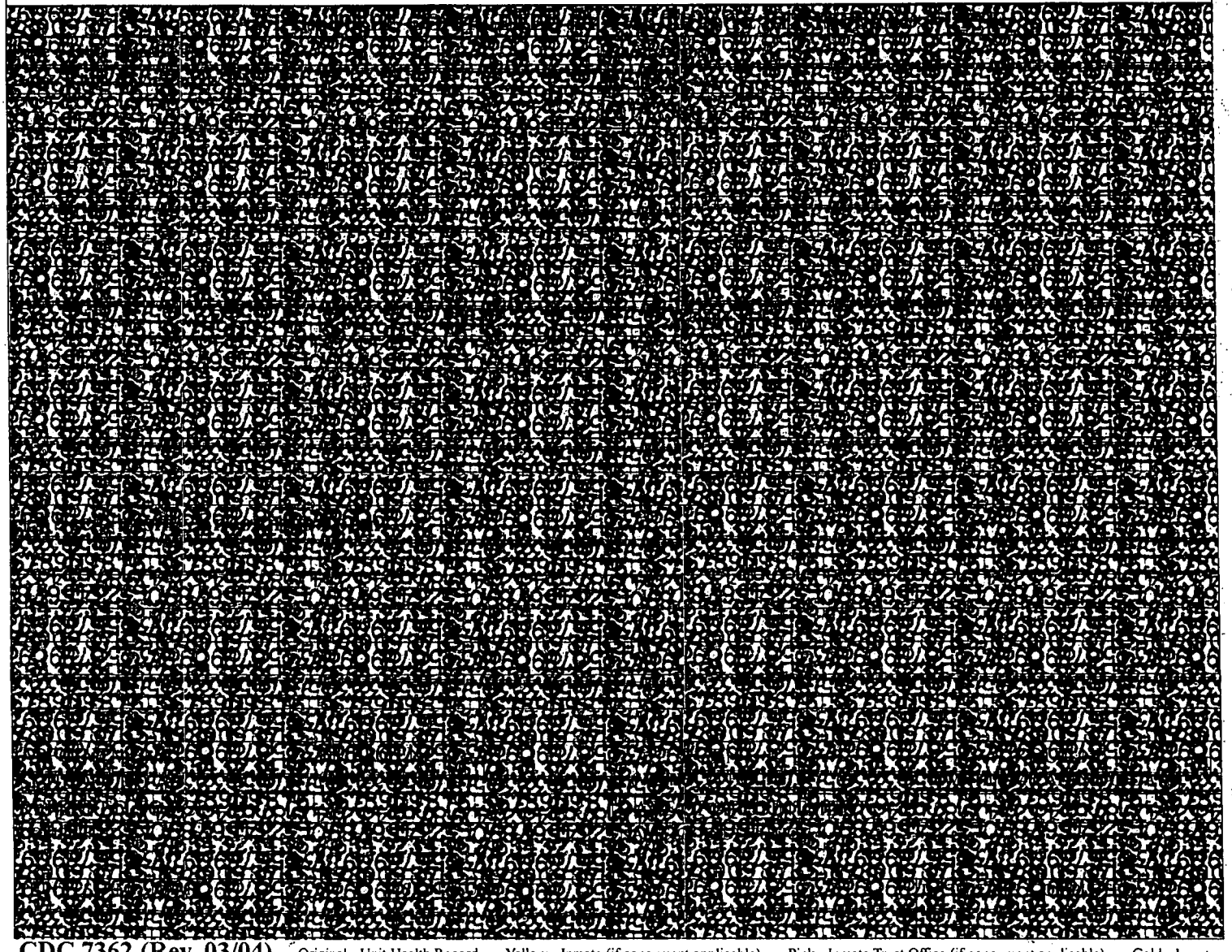

Exhibit K

Witnesses Statements

I MET MR BOWE AS I STAY AND LIVE AT JUNIPER HALL. WE HANG OUT WITH EACH OTHER DURING THE DAY AT A PICNIC BENCH. I FEEL BAD FOR MR BOWE AS I'VE FIRST HAND SEEN, HEARD, WATCHED HIM TRY TO GET SOME SERIOUS MEDICAL HELP. EVERY TIME HE GOES TO THE DOCTOR HE TELLS ME THEY ARE DOING NOTHING (THAT SHOULD BE DONE). MR BOWE TOLD ME HE HAS REPEATEDLY ASKED FOR (THERAPY - CORTISONE SHOTS - MRI'S - SOMETHING THAT WILL HELP HIM OUT). I PERSONALLY WITNESSED MR BOWE SOAKING HIS FEET IN EPSOM SALTS TO KEEP THE SWELLING DOWN IN HIS FEET. I COULDN'T BELIEVE IT WHEN HE GOT A CHRONO FOR A DIRTY 5 GALLON BUCKET TO SOAK HIS FEET IN! WHAT KIND OF PROFESSIONAL MEDICAL TREATMENT IS THAT! MR BOWE TOLD ME, AND I HAS SHOWN ME HIS FEET, WHERE THE TENDONS ARE ROLLING AND CAUSING SERIOUS PAIN! EVERY STEP HE SAYS IT'S LIKE WALKING ON CACTUS - I TOLD HIM HE SHOULD GET A WHEELCHAIR, MR BOWE STATED THAT HE'S TRIED - BUT NONE ARE AVAILABLE. MR BOWE TOLD ME HE HAS TRIED TO GET INTO SICK (WHERE MEDICATION IS BROUGHT TO YOU) IT CAN'T STAND FOR LONGER THAN A COUPLE OF MINUTES, AND IT'S SOMETIMES A 45 MINUTE WAIT - WHEN I CAN I CARRY HIS TRAY OF FOOD FOR HIM AT CHOW - BUT NOT OFTIMES IT DOES NOT GO, BECAUSE OF THE LONG WAIT IN LINE AND THE LONG WALK AND WAIT IN LINE JUST TO GET FOOD!

HE (MR BOWE) TOLD ME HIS ORTHOTICS WERE TAKEN AWAY (FROM HIS OUTSIDE DOCTORS). TOLD HIM HE MUST WEAR THEM ON HIS FOOT (FEET) WITH COLLARS. (THE WAY I SEE HIM LIMPING AROUND, THE GRIMACE ON HIS FACE, I WOULD SAY THAT HE'S IN MAJOR PAIN. AND HIS FEET HAVE BECOME CHRONIC.

I KNOW OF PEOPLE IN MY BUILDING WHO GOT ORTHOPICS HERE! AND I KNOW OF INMATES WHO'VE GOTTEN CORTIZONE SHOTS! THESE ARE MAJOR THINGS THAT MR BOWE HAS ASKED FOR - I'VE SAT WITH HIM IN DOCTORS LINE, NUMEROUS TIMES, MR BOWE WAS HOPING, PLEADING FOR MEDICAL ASSISTANCE ONE TIME MR BOWE WENT TO SEE THE PODIATRIST (DR GALHY) AND WAS HOPING FOR CORTIZONE SHOTS TO HAVE HIS FEET CASTED FOR ORTHOPICS, MRI - WEIGHT BEARING XRAYS - WHEN MR BOWE CAME FROM THE PODIATRIST VISIT - HE TOLD ME THE GUY (DR GALHY) GAVE HIM VITAMINS - HE (DR GALHY) EVEN WOULD NOT LOOK AT MR BOWE'S OUTSIDE RECORDS, WITH I'VE PERSONALLY SEEN - STATING THE NEED FOR ORTHOPICS - PAPER WORK ALSO STATED PERMANENT CHRONIC DAMAGE (AN OCCURS IF CONTINUED WALKING WITHOUT ORTHOPICS (STRUCTURED ALL)

NOW BOTH DOCTORS HAVE LIED TO MR BOWE ABOUT LOOKING AT OUTSIDE RECORDS. AND DURING MR BOWE'S LAST VISIT WITH PODIATRIST (DR HILL - AFTER MONTHS AND MONTHS OF NO CARE - DR HILL TELLS MR BOWE - YA, YOU NEED ORTHOPICS BUT WILL WAIT, IT'S TO LATE TO GET THEM MADE HERE AT CHINO! THAT DIDN'T MAKE SENSE, MR BOWE HAD MONTHS LEFT!

I WILL TESTIFY IN COURT - THE RIDICULOUS WAY MR BOWE HAS BEEN TREATED BY MEDICAL PERSONAL - IGNORED TO A POINT OF CRUEL-ITY! I'VE SEEN IT DAY BY DAY - MONTH BY MONTH I WILL BE HERE UNTIL 7-17-2010.

BRUCE MILLER Bruce Miller V99304

My name is Michael Clason # V-38638 I am an inmate at Chino CIM. I couldn't believe it when Mr. Dale Boewe told me that the Podiatrist "Mr Thaly" told Mr Boewe that the California Prison system does not Provide Orthodic shoe inserts. and that Mr Boewe has been trying to get them for Over 8 months, The California Prison system casted my feet, and got me Custom Made Orthodics, Plus Temporary Inserts, Support wraps, Soft inserts, Special Shoes, It is very important to have Orthodics etc. Not only for Pain, but To Correct, Heal, With Out, Perma

over

ment Damage can occur; Check my Medical Records! My C-File...

X Michael Classon
Nov-15-07

My NAME is Jesus Malagon +41349

I AM AT THREE CITIES (CHINO, CIM. STATE PRISON) THE REASON I WRITTING THIS LETTER, is BECAUSE TODAY I HAVE SEEN AS MUCH INMATE (MEDICAL) CRUELITY I CAN TAKE. IT is POURING RAIN, (THE DATE is FEB-3-08. IT is FREEZING COLD OUTSIDE, I JUST HAPPEN TO LOOK OUT THE DORM WINDOW, AND I SEE AN INMATE I KNOW (DALE BOEWE V45728) FROM my DORM SITING OUT IN THE RAIN GETTING SOAKING WET! INMATE BOEWE ALSO HAS HIS SHOES OFF, AND is SOAKING His FEET IN A MUD PUDDLE! WHEN I GO OUT AND ASK Him, WHAT THE HELL HE is DOING, HE BOEWE TELLS ME IT'S THE ONLY WAY HE CAN GET THERAPY FOR His SWOLLEN FEET AS His ORTHODICS WERE TAKEN AWAY! AND THE STATE OF CALIFORNIA REFUSES TO GIVE THEM BACK, RAISE Him SOME. I HAVE WATCHED AS I'VE SEEN Him HOBBLING AROUND, TO GO TO CHOW ETC... I will TESTIFY IN COURT THE PRISONS TORURE!

MEMO RACKS

I, Michael Classon #V-38638, have had my feet molded in cast to fit my feet. I was given inserts 1 mo later in notice I wear now. This took place at Lancaster State Prison, in the year of 2007.

X Michael Classon

* The Doctor's name would be in my C-File here at Chino State Prison.

X Michael Classon

Frank Corvi

I am inmate Boewer Derrkie, Magnolia Hall, 128 low. Im around him 24/7 as space is close here at Chino, CIM, Prison. I have first hand seen, watched, - witnessed, what seems to be total neglect and on the edge of torture.

Mr Boewe showed me his medical records from the outside that his power of attorney had mailed in so he could show the doctors at Chino, So they would actually give him the desperate medical attention he is in dire need of." Its so obvious he's in alot of pain. Especialy here at Chino, a its all long destance walking, and huge amounts of standing. I saw and read Mr Boewer outside Medical records, and plain as day it says absolutely, must wear orthodics when walking, or permanent chronic pain, can and will occur. (which I say would have to be what did happen, the way he struggles moving around His records also show therapy that is needed when feet are in bad shape. Hot, Cold, (I've witnessed Mr Boewe soaking his feet in Mud puddles to keep the swolleness down, pain at Bay! Mr. Boewer record speak of Taping wraps, Electric shock treatment, Night Splints, whirlpool, Much more!

Every time Mr Boewe came back from the Doctor he would be upset, because he told me they did absolutely nothing again, They are just Lazy liars, and he would be telling me this while soaking his feet in a 5 Gal Bucket of cold water (THE COLD TO TRY AND bring down the swelling from the doctor visit required walking, standing!

Look at his request, I was there when he filled them out, I made them so he didn't have to walk!

I will testify in a court of Law the whole truth of the Total Lack of Medical Care Mr Boewe Received!

TO WHOM IT MAY CONCERN,

My NAME is BRUCE MILLER V99304. I CAN NOT Believe THE MEDICAL STAFF HERE. ON SEVERAL OCCASIONS I HAVE WALKED TO THE MEDICAL FACILITY WITH MR. BOEWE while WE HAD TO STOP SEVERAL TIMES TIMES DUE TO HIS FEET. THE MEDICAL Dept. HERE DOESN'T OFFER HIM NO HELP OF physical THERAPY. HE CONSTANTLY HAS TO WALK around on CRUTHES. while these GIVE HIM BLISTERS on his hand and A BAD RASH under HIS ARM PITS.

During THE winter I SAT outside and HE dipped His feet in FREEZING WATER FOR 5 minute intervals. After THIS I rubbed and MASSaged His feet. why they dont GIVE HIM THE proper medication I dont know. They never gave HIM the proper shoes THAT HE HAD CHRONICAS FOR.

4-6-08 Sharon Snider

I have firsthand witnessed the struggles and Easilly seen pain that Mr. Dale Boeve went through at Chino. C & M. Prison. I should no, I was at Magnolia Yale with Mr. Boeve and saw him giveng himself - self therapy as he was not receiveng much needed Medical Care. I personally witnessed Mr Boeve soaking his feet in Mud puddles after a rain fall to bring swelling down! Mr. Boeve had to defend himself many times as he would sit down on the toilets to urinate (Pee) as it hurt to much to stand. I personcally saw Mr Boeve go from walking with a Limp, to a cane, to crutches, and now he's trying to get a wheelchair and move into an ADA Faccelity. which so far Mr Boeve says he's been denied! Mr. Boeve doesn't go to eat or pick up alot of his medication sometimes because of the long lines and over an hour of waiting!

I have repeatedly waited to see a doctor with Mr Boeve at the bleacher area! It is not unusal to wait for 6 hours or more, Mr Boeve would speak of some hope - Getting his "Orthotics" Proper Medication, Cortesyone shots for pain, MRI to check for swellings, Therapy for circulation and tendon stretch. Even so much as getting a proper wrap, even Doctor ordered Night splints, Mr Boeve told me his one Doctor. Dr Smith" Told him he should never have been classified to Chino, Way to much Walking for anything "While the Guards ride carts" Dr Smith informed Mr Boeve - You are being denied the much needed Mechanical Medical appliances you Need.

I will testify in a court of Law what I observed "Medically Wise" with inmate Boeve V45728 My info is on Top, I await the Call

I AM AT CHINO, CIM (CALIF STATE PRISON) I'M AN INMATE HOUSED IN THREE CITIES WITH INMATE DALE E BOEWE. I WAS ALSO AT THE CALIF STATE PRISON RECEPTION WITH MR BOEWE, IT WAS AT LANCASTER WERE I FIRST SAW (HE WAS HOBBLING) AND TALKED ABOUT MR BOEWE AND HOW HE WAS WORRIED ABOUT THE MEDICAL ATTENTION HE WAS NOT GETTING, I FIRST HAND WITNESSED HIS ATTEMPTS TO GET THERAPY, WRAPS, MEDICAL APPLIANCES, REQUEST FORMS, I COULD SEE HOW FRUSTRATING MR BOEWE WAS, AND SCARED, NO ONE RESPONDED TO HIS PLEAS FOR HELP! LIARS, AND B/S IS ALL HE GOT! HE WANTED CRUTCHES AT LANCASTER, BUT THEY WERE OUT! I LEFT LANCASTER,

5 MONTHS LATER, I COULD NOT BELIEVE MY EYES WHEN I SAW MR BOEWE, PAINSTAKENLY MOVING ALONG AT CHINO STATE PRISON (CIM). MR BOEWE WAS ON CRUTCHES AND HE STOPPED AS WE BOTH WERE AT THE HOSPITAL, MR BOEWE SAID HE WAS TRYING TO GET A WHEELCHAIR, AND BE MOVED TO ELM HOUSING. THEY, OR IT IS A HANDICAPPED HOUSING UNIT, MR BOEWE SAID, AND IT LOOKED LIKE HE WAS IN SERIOUS PAIN. MEDICAL REFUSED TO GIVE HIM HIS ORTHOPICS OR THERAPY! NOW, IT'S MONTHS LATER, AND I'VE SEEN HIM STILL GET NO HELP!, THE PODIATRIST LIED TO HIM ABOUT ORTHOPICS WHEN HE TRIED TO GET THEM, FOR 6 MONTHS, PODIATRIST'S DAILY SAID CHINO CIM DOES NOT MAKE THEM, BULL-CRAP, I KNOW PEOPLE WHO HAVE THEM,

I FEEL FOR MR BOEWE, I'VE SEEN HIM SOAKING HIS FEET IN A MUD PUDDLE OF RAIN TO GET RELIEF, I'VE SEEN HIM IN PAIN, CRUTCHING AROUND CHINO MILES, AND MILES A DAY IN MAJOR PAIN! I'VE ALSO SEEN HIS CONDITION GO FROM WORSE TO CHRONIC AND CRITICAL, I'VE SEEN THE MEDICAL SYSTEM, MORE OR LESS TORTURE MR BOEWE AND I will TESTIFY IN COURT TO WHAT I'VE WITNESSED!

Daniel Adams V33595 2-7-08

Re: Mr. Dale Boewe
CDC # V45728
Medical Condition

To Whom It May Concern:

The purpose of this letter is to describe my observations of Mr. Boewe, and his suffering due to having torn tendons on the soles of his feet, aggravated by lack of proper medical treatment here at CIM-MSF. Mr. Boew had been receiving treatment for this condition at the V.A. Hospital prior to coming to prison. This treatment required him to wear orthotic arch supports in his shoes to lessen pain and to keep from further aggravating his condition. Work He has repeatedly been denied arch supports by CIM doctors after several requests for them. He is also forced to be on crutches and is in pain due to not having these arch supports.

Prisoners in this yard are forced to walk long distances and wait in long lines for everything, including to get pills, go to chow, see a doctor, etc. I have had to carry his food tray for him numerous times in the chow hall so he can use his crutch He is in so much pain that he has to find a place to sit down durin these long waits in lines. He has been lied to about his condition by doctors, CO's and other staff. They even tried to force him to work in the chow hall full-time! This lack of proper medica treatment has caused him much mental anguish and he fears he may nownever be able to walk or run normal again. I hope tha justice will be done for him for all his suffering.

Sincerely, Barry Chew

Barry Chew
CDC# F88693

Eric Magney HS 44323
J.H. 135 Low

5-8-08

I Eric Magney an inmate at C.I.M./M.S.F. I arrived here 1-13-08. At the time of my arrival I had an orthodic in my shoe to support my foot do to diagnosis of planters facitas. The staff here made me throw away my orthodic. Within a week of my arrival my foot began to hurt so bad that I was literally unable to walk without help or support of some Kind. After complaining for 3 week I was finally able to see a doctor. The doctor gave me a cain and set up an appointment for me to see the podiatrist. As soon as I saw the podiatrist Dr. Hill, and told him about the pain I was experiencing he straight away gave me a shot of cordazone to relieve the pain. The shot relieved the pain for about 2 weeks. I had an Xray taken of my foot, non weight bearing, so that the Dr. would have it for my next appointment. The Xray should have been weight bearing. 1 month after the first appointment with Dr. Hill I went back to see him. My foot was again in emence paina. He looked at my Xray and told me the I needed another shot of cordazone. He told me that at my next appointment he would fit me for orthodics. At this point, 3 weeks after my 2nd shot the pain is about 1/2 of what is was. I have been talking to a friend here at C.I.M. Mr. Dale Boewe and he has told me that he has been complaining of the same exact pain as I for over 13 months and so far he has been given no medical help for his pain. I find this cruel and unusual as I Know from experience just how much pain he is experiencing.

Eric Magney 5-8-08

My Name is Mike and Im an inmate at Chino State Prison "Cal M". The reason Im writting this statement is to - clarify that inmate Dale E Boewe has been completely ignore Medical Proffesionaly, Humane-ly. How do I know this cause Ive been in the system with Mr. Boewe the whole time! We met at the doctors office as I was in dire need of help "Medical" for my feet, lower extremities I know first hand how miserable it is to move around, Funtion, when each step is like Pins and Needles, and if not treated properly it spreads up the legs and even goes up into the back! Ive been there! Its horrible. The difference between Mr. Boewe is that I, got Proper Treatment. First off, and Most importantly is the orthodics. These must be worn immediately to decrease the pain, but more importantly, "Straighten up the foot-Aline the entire structure of the foot, ankle. In the California state Prison system I was casted for custom orthodics immediatly (By the way, when I saw the doctor Ch (Dally) I Believe, I pointed him out to Mr Boewe, Mr Boewe stated that was the same doctor that issue him - The doctor who told him under no circumstances are orthodics given to an inmate, let alone casted (Said they can be used at weapons (Mr Boewe and I are looking at each other in disbelief as he has the crutches he had to beg for from another Doctor "Dr Smith". The Doctor "PODIATRIST" At Chino C & M is a liar. And I will stand up and under oath, State that I received Orthodics, Inserts, Wraps, Proper Medication (I cant Believe the Doctor Gave Mr Boewe Vitamins I was taken care of, Pretty Good! But I know for a fact Mr Boewe was not, I was there! You caused him extreme pain and Hardship. And Probably permenant Damage!

DATE LEFT CHINO - CIM MAGNOLIA HALL
MAY-9-08 FEB-4-08 168 LOW
INMATE FARMER....
JIMMY

I recently spoke with an inmate (Dale E Boewe V45725) in the chow hall line. He was on crutches, as was sitting down on a horse shoe back stop, as the wait in line can take up to 45 minutes... Mr. Boewe asked me about my shoes; See, I have a foot (feet problem) and I have doctor ordered "Ortho-pedic shoes". These shoes provide support, and serve to correct alinement. Mr. Boewe asked me how I got them. I told them that (CIM, CALIF STATE PRISON) let me keep them, they are doctored ordered by out-side physicians. I can not walk with out them. It causes tremendous pain, and can further damage my feet They are Critical; Mr. Boewe told me he had Orthodics and Orthopedic Shoes, that they were taken away by C.D.C. Calif State Prison Syten, that is why he is now on crutches, and Pleading for a "Wheel-chair". Has tried every thing to get "Orthodics"; I will testify that I was allowed to keep my Orthopedic Appliances!!! J. mmy Farmer
DA V45725

CHINO MEDICAL "MALPRACTICE"

F77421

My NAME is ROBERT KROHN F77421, Im AT CHINO PRISON, My LOCATION is REDWOOD, 113UPPER. I AM DALE BOEWE5 V45728 BUNKIE! I AM PUTTING THESE WORDS DOWN AS A TESTIMONY TO WHAT IVE OBSERVED, AND WITNESSED FIRST HAND! THE UNPROFFESIONAL AND DANGEROUS MEDICAL CARE THAT MR. BOEWE HAS GOTTEN, OR WHAT I CAN TRUELY SAY By BEING PRESENT, "HAS NOT RECEIVED! FIRST OFF! IVE MAILED "PUT IN" NUMEROUS, AND NUMEROUS DOCTORS REQUEST FOR HELP. 602, AND OTHER PAPERWORK FOR MR. BOEWE." DUE TO THAT "IT'S VERY PAINFULL AND HARMFUL FOR MR. BOEWE TO WALK! IVE SEEN HOW HARD IT IS TO GET TO CHOW! IVE CARRIED HIS TRAY FOR HIM! CHINO is HUGE, AND FROM WHAT IVE PERSONALLY SEEN! MR. BOEWE GOES TO MEDICAL, AND HE ENDS UP WITH OUT PROPER CARE. BUT ORDER'S TO WALK ALL AROUND THIS PLACE EVEN MORE! MR. BOEWE HAS TOLD ME WHAT HIS MEDICAL NEEDS ARE, AND HE'S TOLD THE MEDICAL STAFF HERE AT CHINO! HE NEEDS A SPECIALIST'S, AND ALL I SEE HIM DOING is GETTING NOTHING BUT PAIN. Im HAVING TROUBLE WITH MEDICAL MYSELF! IVE LOOKED AT ALL OF MR BOEWE'S MEDICAL RECORDS HE HAD MAILED IN FROM THE OUT SIDE! IT'S SIMPLE TO SEE THE ORTHODICS AND THERAPY ARE MANDATORY TO HIS HEALTH! By THE CONDITIONS YOU BRING, IT is NOTHING LESS THAN CAUSEING CHRONIC AND PERMANENT TORTURE" AND IT'S ALL UNNESSASARY! I will TESTIFY TO THIS IN A COURT OF LAW WHAT IVE WITNESSED

Oct 15-07

Robert Krohn F77421

REDWOOD 113UP, CHINO, CA, 91708

PAROLE NOV-19th 07

FONTANA

JS44

(Rev. 07/89)

CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE SECOND PAGE OF THIS FORM.)

FILED
2008 MAY 21 PM 3:01
CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
BY DEPUTY

2254 1983
FILING FEE PAID Yes ☑ No ☐
IFP MOTION FILED Yes ☑ No ☐
COPIES SENT TO Court ☑ Pro Se ☐

I (a) PLAINTIFFS

Dale E. Boewe

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF San Bernardino
(EXCEPT IN U.S. PLAINTIFF CASES)

DEFENDANTS Hill, et al

COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND

(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

Dale E. Boewe
PO Box 600
Chino, CA 91708
V-45728

ATTORNEYS (IF KNOWN)

'08 CV 0903 L PCL

II. BASIS OF JURISDICTION (PLACE AN x IN ONE BOX ONLY)

☐ 1 U.S. Government Plaintiff
☒ 3 Federal Question (U.S. Government Not a Party)
☐ 2 U.S. Government Defendant
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN X IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT (For Diversity Cases Only)

	PT	DEF		PT	DEF
Citizen of This State	☐1	☐1	Incorporated or Principal Place of Business in This State	☐4	☐4
Citizen of Another State	☐2	☐2	Incorporated and Principal Place of Business in Another State	☐5	☐5
Citizen or Subject of a Foreign Country	☐3	☐3	Foreign Nation	☐6	☐6

IV. CAUSE OF ACTION (CITE THE US CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE. DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY).

42 U.S.C. 1983

V. NATURE OF SUIT (PLACE AN X IN ONE BOX ONLY)

CONTRACT	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
☐ 110 Insurance	PERSONAL INJURY	PERSONAL INJURY	☐ 610 Agriculture	☐ 422 Appeal 28 USC 158	☐ 400 State Reappointment
☐ Marine	☐ 310 Airplane	☐ 362 Personal Injury-Medical Malpractice	☐ 620 Other Food & Drug	☐ 423 Withdrawal 28 USC 157	☐ 410 Antitrust
☐ Miller Act	☐ 315 Airplane Product Liability		☐ 625 Drug Related Seizure of Property 21 USC881	PROPERTY RIGHTS	☐ 430 Banks and Banking
☐ Negotiable Instrument	☐ 320 Assault, Libel & Slander	☐ 365 Personal Injury - Product Liability	☐ 630 Liquor Laws	☐ 820 Copyrights	☐ 450 Commerce/ICC Rates/etc.
☐ 150 Recovery of Overpayment &Enforcement of Judgment	☐ 330 Federal Employers' Liability	☐ 368 Asbestos Personal Injury Product Liability	☐ 640 RR & Truck	☐ 830 Patent	☐ 460 Deportation
☐ 151 Medicare Act	☐ 340 Marine	PERSONAL PROPERTY	☐ 650 Airline Regs	☐ 840 Trademark	☐ 470 Racketeer Influenced and Corrupt Organizations
☐ 152 Recovery of Defaulted Student Loans (Excl. Veterans)	☐ 345 Marine Product Liability	☐ 370 Other Fraud	☐ 660 Occupational Safety/Health	SOCIAL SECURITY	
☐ 153Recovery of Overpayment of Veterans Benefits	☐ 350 Motor Vehicle	☐ 371 Truth in Lending	☐ 690 Other	☐ 861 HIA (13958)	☐ 810 Selective Service
☐ 160 Stockholders Suits	☐ 355 Motor Vehicle Product Liability	☐ 380 Other Personal Property Damage	LABOR	☐ 862 Black Lung (923)	☐ 850 Securities/Commodities Exchange
☐ Other Contract	☐ 360 Other Personal Injury	☐ 385 Property Damage Product Liability	☐ 710Fair Labor Standards Act	☐ 863 DIWC/DIWW (405(g))	☐ 875 Customer Challenge 12 USC
☐ 195 Contract Product Liability			720 Labor/Mgmt. Relations	☐ 864 SSID Title XVI	☐ 891 Agricultural Acts
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS	☐ 730 Labor/Mgmt. Reporting & Disclosure Act	☐ 865 RSI (405(g))	☐ 892 Economic Stabilization Act
☐ 210 Land Condemnation	☐ 441 Voting	☐ 510 Motions to Vacate Sentence Habeas Corpus		FEDERAL TAX SUITS	☐ 893 Environmental Matters
☐ 220 Foreclosure	☐ 442 Employment		☐ 740 Railway Labor Act	☐ 870 Taxes (U.S. Plaintiff or Defendant)	☐ 894 Energy Allocation Act
☐ 230 Rent Lease & Eiectmant	☐ 443 Housing/Accommodations	☐ 530 General	☐ 790 Other Labor Litigation	☐ 871 IRS - Third Party 26 USC 7609	☐ 895 Freedom of Information Act
☐ 240 Tort to Land	☐ 444 Welfare	☐ 535 Death Penalty	☐ 791 Empl. Ret. Inc.		☐ 900 Appeal of Fee Determination Under Equal Access to Justice
☐ 245 Tort Product Liability	☐ 440 Other Civil Rights	☐ 540 Mandamus & Other	☐ Security Act		☐ 950 Constitutionality of State
☐ 290 All Other Real Property		☒ 550 Civil Rights			☐ 890 Other Statutory Actions

VI. ORIGIN (PLACE AN X IN ONE BOX ONLY)

☒ 1 Original Proceeding ☐ 2 Removal from State Court ☐ 3 Remanded from Appelate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from another district (specify) ☐ 6 Multidistrict Litigation ☐ 7 Appeal to District Judge from Magistrate Judgment

VII. REQUESTED IN COMPLAINT: ☐ CHECK IF THIS IS A CLASS ACTION UNDER f.r.c.p. 23 **DEMAND $** Check YES only if demanded in complaint: **JURY DEMAND:** ☐ YES ☐ NO

VIII. RELATED CASE(S) IF ANY (See Instructions): JUDGE Docket Number

DATE May 21, 2008

~~SIGNATURE OF ATTORNEY OF RECORD~~

R Mueller